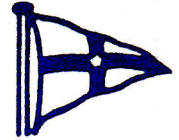


# ACCIDENT, INCIDENT OR DANGEROUS OCCURANCE REPORTING FORM



**SYC Training**

**Strictly Private & Confidential**

Complete this form as fully as possible, in ink, and send to the Centre Principal within 3 days. Major injuries and dangerous occurrences must be reported to the Centre Principal by telephone immediately.

To comply with the Data Protection Act 1998, personal details entered in accident books must be kept confidential.

**About the person who had the incident/accident?**

Instructor / Candidate / Other Club Member / Member of the Public (please circle)

Name: ..... Date of Birth: ..... Age: .....

Home Address: .....

Post Code: ..... Tel No: ..... Male / Female (please circle)

Name of person supervising at the time of incident/accident: .....

**About the incident/accident?**

Say how it happened. If known, include the cause, what the person was doing at the time, what equipment/substances were being used and the condition of the environment. Continue on the back of this form if you need to.

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Where did it happen: ..... Time: ..... Date: .....

Signed as accurate by the Person who had the incident/accident: ..... Date: .....

If the person who had the accident suffered an injury, say what injury occurred and which part of the body was affected:

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Was the incident the result of violent/aggressive behaviour? Yes / No (please circle) If yes give details overleaf  
Were there any witnesses? (If yes, please give details below) Yes / No (please circle)

Name: .....

Name: .....

Address: .....

Address: .....

Tel No: .....

Tel No: .....

Continued: .....

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**About you, the person filling in this record:**

Name: .....

Address: .....

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Tel No: .....

**Signed:** ..... **Date:** .....

**Action taken:** (✓) as many as needed

- None
- Sent home
- Taken to hospital
- In hospital over 24 hours
- Parents/Next of Kin informed
- Police notified/Crime number .....
- First Aid Administered
- Visited Doctor

**Type of Accident/Incident:** (indicate what led to the injury or condition (✓))

- ..... Contact with moving machinery
- ..... Hit by moving/flying object
- ..... Hit by something fixed or stationary
- ..... Injured while handling, lifting or carrying
- ..... Slipped/tripped/fell on same level
- ..... Fell from a height
- ..... Trapped by something collapsing
- ..... Drowned or asphyxiated
- ..... Exposure/contact with harmful substance
- ..... Other (please describe)
- ..... Exposed to fire
- ..... Contact with electricity/electrical
- ..... Injured by an animal
- ..... Physically assaulted by a person
- ..... Fainting
- ..... Epileptic fit
- ..... Disease
- ..... Allergic reaction
- ..... Pain/Strain

**Centre Principal to complete:** Advise what action has been taken to prevent a similar incident/accident happening again?

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Name: ..... Signature: ..... Date: .....

Send to the Centre Principal within 3 days of the incident/accident date.  
John Allen, 111 Sweetbrier Lane, Exeter EX1 3AP Phone: 01392 256688 or 07972 735732  
E-mail: allenjd47@hotmail.com