



LUNDIN BOWLING CLUB

Leven Road, Lundin Links, Fife

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Incident/accident report form.

Name of person in charge of session/competition

Site where incident took place

Date and time of incident

Name of injured person

Address of injured person

Nature of incident and extent of injury

Give details of how and precisely where the incident took place.

Describe what activity was taking place, for example training/game/getting changed etc.

Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

Give full details of witnesses (if any), including names and addresses.

Were any of the following contacted?

Parents/carers	Yes <input type="checkbox"/>	No <input type="checkbox"/> √
Police	Yes <input type="checkbox"/>	No <input type="checkbox"/> √
Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/> √

What happened to the injured person following the incident?

(E.g., carried on with session, went home, went to hospital etc.)

All of the above facts are a true record of the incident

Signed:

Date:

Name:

In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of risk assessment form.