



# **LUNDIN BOWLING CLUB**

**Leven Road, Lundin Links, Fife**

# 12

## **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 checked="" type="checkbox"/>
Police	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Ambulance	Yes <input type="checkbox"/>	No <input checked="" 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.*