



Incident/Accident Reporting

1. Site where accident took place.

2. Name of person in charge of session/competition.

3. Name of injured person.

4. Address of injured person.

5. Date and time of incident / accident.

6. Nature of accident / incident.

7. Give details of how and precisely where the accident took place. Describe what activity was taking place. (Training programme, changing, etc.)

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

9. Were any of the following contacted?

Police Yes No

Ambulance Yes No

Parent/Guardian Yes No

10. What happened to the injured person after the accident? (E.g. went home, went to hospital, carried on with session)



11. All of the above facts are a true and accurate record of the incident / accident.

Signed _____

Name (Print) _____

Date _____

Investigations/Outcomes

12. The incident / accident contained herein was logged with the Welfare Officer on:

_____ (date)

Name of Welfare Officer:

Signed:

The Incident was further reported to: (Police, Social Services, HSE, etc.)

a) _____

Date _____

b) _____

Date _____

c) _____

Date _____

13. The incident/accident was investigated by:

a) _____

Title _____

b) _____

Title _____

c) _____

Title _____

Date Investigated _____

Notes:



14. Findings and Outcomes.

Horizontal lines for writing findings and outcomes for section 14.

15. Other investigations and outcomes by Independent bodies (Police, Social Services, HSE, etc.)

Horizontal lines for writing other investigations and outcomes for section 15.

16. Findings and recommendations.

Horizontal lines for writing findings and recommendations for section 16.

Horizontal lines for writing findings and outcomes for section 14.

17. Instigated and carried out.

Delegated Person:

Horizontal line for writing the name of the delegated person.

Signed _____

Date of action:

Horizontal line for writing the date of action.

18. Incident / accident closed.

Date _____

Signed by (Chairman, Vice-Chairman, Secretary, Welfare Officer).

Name (Print) _____

Title _____

Signed _____

Date _____

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