

ACCIDENT AND INCIDENT REPORT FORM

Please refer to the Participation & Events Manager for guidance on completing this form.

DETAILS OF ACCIDENT, INCIDENT OR NEAR MISS		
Date of accident/incident:	Time of Incident:	
Where did the accident/incident occur? (Please tick)		
Longbenton <input type="checkbox"/>	Redhall <input type="checkbox"/>	Close House <input type="checkbox"/>
Cochrane Park <input type="checkbox"/>	Heaton <input type="checkbox"/>	
Briefly describe the circumstances of the accident/incident:		
DETAILS OF INJURED PERSON (IF APPLICABLE)		
Title: Mr/Ms/Miss/Mrs/Dr/Professor Surname:	Address of injured person:	
Forename(s):		
Injury and part of body injured:	Intra Mural/BUSA Team Name: (Applicable only for Recreation Service Manager)	
Occupation of injured person:	Student/Staff No:	Date of Birth: / /
STUDENT		
Name and contact details of witness:		
Initial Action to prevent reoccurrence:		
NAME AND CONTACT DETAILS		
Name and contact details of the person completing the form:		
Name: _____	Tel. No: _____	