

COVENTRY & WARWICK RIGA VOLLEYBALL CLUB

REPORT FORM – ACCIDENT/INCIDENT/NEAR MISS

(Use this form where venue does not have a specific procedure)

To be completed by the person who dealt with the incident at the time (which may be the injured person if they are an adult)

Name and role of person completing the form		
Venue (name and post code) at which incident took place		
Date and time the incident took place		
Details of injured/affected person	Name	
	Date of birth	
	Contact details (e.g. phone/email)	
Name of any witnesses		
Describe the activity that was being undertaken and whether it was supervised (and if so by whom)		
Brief description of what happened		
What was the cause of the accident or incident?	E.g. poor behaviour, defective equipment	
Was an injury sustained? If so described injury and part of body affected		
Was first aid given? If so describe what action was taken, by whom and when		

Has parent/relative/carer been notified? If so state name of person and contact details	
Was an ambulance called? If so did the person go to hospital by ambulance?	Note – an ambulance must be called in the event of impact to the head and/or actual or possible loss of consciousness.
Was any further action recommended or advised (e.g. for parent to take to hospital/consult GP)?	
Has any immediate action been taken to prevent recurrence? Is any further action required? If so by whom and when?	
Signed and dated (can be electronic)	

Please complete form and send to clubwelfare@rigavolleyball.com within 24 hours of incident.