

Incident Report



Event	TS Tristar and Youth Champs
Date	27 th June 2015
Location	Bellahouston Park, Glasgow

Please use separate forms for all individuals involved in/affected by the incident

Name:	
Membership Number:	
Date of Birth:	
Age:	
Address:	
Telephone Number:	
Reason for presence:	Participant / volunteer / family member of participant / member of public / staff / other (please state)
Medical Conditions:	

Incident Details

If necessary, please provide a sketch and/or photos to illustrate details of the incident, including location on the course/venue, personal injuries and damage to property.

Location of incident:	
Time:	
Details of what happened and what you believe caused the incident:	Please include if any plant / machinery / equipment / vehicle was involved in the incident and if any of the above failed to cause the incident.
Was protective / safety equipment / clothing necessary for the activity(ies) being undertaken?	Yes / No If yes, please detail the safety equipment
If safety equipment / clothing was necessary, was it being used at the time of the incident?	Yes / No If no, please give details why the safety equipment / clothing was not used.

Details of First Aid Given	
Details of Injury:	
Details of first aid given:	
Referred to:	(Please circle) 1. Parent/guardian 2. Doctor 3. Hospital 4. Other
Details of where referred	
Is the injured person likely to be absent from work/school/other regular activities as a result of their injuries?	Yes / No If yes, please give details
Is the injured person likely to require follow up treatment because of their injuries?	Yes / No If yes, please give details
Name and qualification of first-aider:	
Address and telephone number of First Aider:	
Signed: Date/time:	

Please detail any other relevant information:	
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Details of Person Completing Form (If not First-aider)	
Name:	
Address:	
Telephone:	
Signed: Date/time:	All of the above facts are a true and accurate record of the incident.