



Incident Report Form

Event name _____

Event date _____

This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury.

Injured person

Surname _____ Forenames _____

Address _____

_____ Post code _____

Telephone number _____ Date of birth _____

Employee Volunteer Exhibitor Contractor

Member of the public Other _____

Date and time of accident

Date and time reported _____

Person reported to _____

Details of injury (specify left or right side), and/or loss or damage

Details of action taken

Assisted by event representative (please give name) _____

First-aid administered (please give name) _____

Please tick relevant boxes

Ambulance called Yes No Taken to hospital Yes No

Name and address of hospital attended _____

Taken home Yes No

Circumstances of accident and location

Name and address of witnesses

_____	_____
_____	_____
_____	_____
_____	_____

Person completing this form:

Name _____

Address _____

_____ Post code _____

Telephone number _____

Signature _____