

# STOURBRIDGE SWIMMING CLUB

## ACCIDENT / INCIDENT REPORT SHEET (DELETE AS APPLICABLE)

DATE: ..... TIME: .....  
PLACE: .....  
CIRCUMSTANCES: (PLEASE GIVE AS MUCH DETAIL AS POSSIBLE): .....  
.....  
.....  
.....  
.....  
.....

NAME OF INJURED PERSON: (IF APPLICABLE): .....  
ADDRESS: .....  
.....  
AGE: ..... TEL NO: .....  
NATURE OF INJURY: .....  
.....  
OUTCOME: (E.G. HOSPITALISED): .....  
.....

DETAILS OF PROPERTY DAMAGE: .....  
.....  
NAME: ..... TEL NO: .....  
ADDRESS: .....  
.....

WITNESS NAME: (IF ANY): ..... AGE: .....  
ADDRESS: .....  
.....  
OCCUPATION: ..... TEL NO: .....

ADDITIONAL INFORMATION / FURTHER COMMENTS APPLICABLE TO SITUATION: .....  
.....  
.....  
.....  
.....

DETAILS OF PERSON COMPLETING THIS SHEET:  
NAME: ..... POSITIO ..... N IN CLUB: .....  
TEL NO: ..... SIGNATURE: .....

**AFTER ANY ACCIDENT / INCIDENT IT MUST BE REPORTED IMMEDIATELY TO THE CLUB SECRETARY WHO HAS THE MASTER ACCIDENT / INCIDENT BOOK, IF THEY ARE NOT AVAILABLE A CLUB OFFICER SHOULD BE INFORMED**