



Accident / Incident report form

record no:

Personal details

Name: _____

Club: _____ Date of report: / /

Accident/incident details

Date: _____ Time: _____ Date reported: / /

Location: _____ Witness: _____

Reported to whom: _____

Full accident/incident details – what happened, or in the case of a near miss, what could have happened

Injury – Nature of Injury

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Contusion/crush | <input type="checkbox"/> Impact Injury | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Laceration/open wound | <input type="checkbox"/> Superficial injury | <input type="checkbox"/> Foreign body |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain/strain | <input type="checkbox"/> Fracture |

Location of Injury

- | | | |
|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Head/face | <input type="checkbox"/> Eye | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Hand | <input type="checkbox"/> Shoulder / arm | <input type="checkbox"/> Truck |
| <input type="checkbox"/> Hip/ Leg | <input type="checkbox"/> Foot / Ankle | <input type="checkbox"/> Back |

Result of Injury

- | | | |
|------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Doctor | <input type="checkbox"/> Hospital |
|------------------------------------|---------------------------------|-----------------------------------|

Name of First Aider, Hospital, Treating doctor, & Contact numbers.

Copy of Hospital/ Doctors Treatment report required to be attached..



What caused damaged?

Contributing factors What were the contributing factors (if any)?

Corrective actions

Immediate actions

What controls can be put in place to prevent this from happening again?

Recommendations for action

Who is to implement these controls/corrective actions?

Date by which action is to be taken / /

Form forwarded to WAUWH. Email; Secretary@waunderwaterhockey.com

Sign off that action has been completed.