Incident and accident reporting form/register

|  |
| --- |
| Record of Accident /Incident/ Serious Harm |
| **To be completed by injured person and sent to Club Administrator (****milfordtennisnz@gmail.com****) within 48 hours** |
| Is it an o Accident o Incident/Near Miss  |
| Surname: ………………………………………………………...First name(s): …………………………………………………...Residential address: ………………………………………….………………………………………………………………………………………………………………………………………………Phone: …………….………………………Gender: o M o F  | Date of event: ………………Time: ………… am/pmDate reported:……………………………………………………..Location where event occurred: …………………………………………………………………………………………………Nature of injury (if any) :------------------------------------------------------------------------------------------------------------------------------------------------------ |
| THE INVESTIGATION: Describe what happened.ANALYSIS: What caused the event? Is this a serious hazard to others?***To be completed by Club Administrator:***PREVENTION: What action has or will be taken to prevent a recurrence? By whom?………………………………………….……… By when? ………………………………………………………….. |