Incident and accident reporting form/register

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| Record of Accident /Incident/ Serious Harm | |
| **To be completed by injured person and sent to Club Administrator (**[**milfordtennisnz@gmail.com**](mailto: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/pm  Date 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? ………………………………………………………….. | |