



Accident/Near Miss Report

Location:

Date:

Person making report:

Accident Dangerous occurrence Near Miss

Person(s) involved in accident/near miss (please include address & tel no if possible):

Brief details of accident/near miss (including any injury):

Brief details of action taken (i.e. first aid, removal of cause of accident or near miss etc) and by whom (i.e. LV staff, Leisure centre staff etc):

Is further action necessary? Yes/No (if Yes - further action taken):

Signed:

Person making report

The above accident has been satisfactorily dealt with. No further action is necessary. Accident recorded in club accident book or on near miss record.

Signed:

Date:

Welfare/Safety Officer