**Event Accident  
Report Form**

**Section 1 - Event Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of event** |  | | | | |
| **Event location** |  | | | | |
| **Event date** | *arriving* |  |  |  |
|  | *leaving* |  |  |  |
|  | *time of event* |  | *to* |  |

**This form is only to be completed by the event organiser or their representative and not by the person suffering the loss or injury.**

**Section 2 - Injured Person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | | |
| Forenames |  | | | |
| Contact address |  | | | |
|  |  | | | |
| Postcode |  | |
| Tel | *home* |  | |
|  | *mobile* |  | |
| Date of birth |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee |  |  | Volunteer |  | Exhibitor |  | Contractor |  | Public |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  | | | | | | | |

**Section 3 - Date and Time of Accident**

|  |  |
| --- | --- |
| Date and time reported |  |
| Person reported to |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details in accident book? | *Yes* |  | *No* |  |

**Section 4 - Details of Injury***(specify left or right side; and/or loss or damage)*

Please provide full details

|  |
| --- |
|  |

Details of action taken

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Assisted by event representative *(please give name)* |  |
| First-aid administered *(please give name)* |  |

**Please tick relevant boxes:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ambulance called? | *Yes* |  | *No* |  | Taken to hospital? | | *Yes* |  | *No* |  |
| Name and address of hospital attended­ | | | | | |  | | | | | |
|  | | | | | | | | | | | |
|  |  |  |  |  |
| Taken home? | *Yes* |  | *No* |  |

**Section 5 - Circumstances**

Circumstances of accident and location

|  |
| --- |
|  |

**Section 6 - Witnesses**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
|  |  | | |
| Postcode |  |
|  |  | |
| Name |  | | |
| Address |  | | |
|  |  | | |
| Postcode |  |

**Section 7 – Person Completing This Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
|  |  | | |
| Postcode |  |  |
| Tel |  | | |
| Signature |  | | |