

INCIDENT / NEAR MISS / ACCIDENT REPORT

ACDS CLUB STATE

VENUE.....

CLUB ACTIVITY AT TIME OF INCIDENT

Date of Incident Approximate Time

Factual description of incident (no opinions please, diagrams helpful), including any known resulting injuries:-

Grid area for writing the incident description.

Reported By:(Name)

Date.....

Signature

Witness.....(Name)

Phone No.

Witness.....(Name)

Phone No.....

Received by Event / Club Official(Name)

Date.....

Signature.....

IMPORTANT: The ACDS Federal Secretary must be advised of an:-

- Accident within 24 hours
• Incident or Near Miss within 48 hours

This Form to be completed then forwarded only to the Federal Secretary immediately thereafter. (Address in ACDS JOURNAL) A copy to be held by the event organising Club Secretary.