|  |
| --- |
| Sports%20therapy%20Sept%202010[1].JPG**Any additional Information: (mark where injury occurred)** |
|  |
|  |
|  |
|  |
| **Investigation Comments:**  ***Is this reportable under RIDDOR: Yes No*** |
| **Reported to Health and Safety Committee:** |
| **Reference Number:** |

**University of Chichester Students Union**

**Accident Report Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  |  | |
| **Name:** | | | **Telephone No:** | | |
| **Date of incident:** |  | |  | | |
| **Address:** |  | | | | |
|  | | | | | |
| **Any Injuries or Accidents Occurred? Yes No** | | | | | |
| **Area Where Accident Occurred:** | | | | | |
| **Description of Accident:** | | | | | |
|  | | | | | |
|  | | | | | |
| **Details of Injury:** | | | | | |
|  |  |  | |  | |
| **First Aid Applied & By Whom:** | | | | | |
|  | | | | | |
| **Time of Incident:** |  | **Witness Details:** | | |  |
| **Any Other Action Taken/Relevant Details: (If ambulance called please record a time)** | | | | | |
|  | | | | | |
|  |  |  | |  | |
|  |  |  | |  | |
| **Casualty Signature** |  | **Duty Manager Signature** | |  | |

**When *completing this form please try to include as much additional information as you can. Details of surrounding area, contributing factors to the accident and the type of activity being undertaken will all help in ensuring the best possible action is taken.***