

ACCIDENT AND INCIDENT REPORT FORM



IN THE EVENT OF A REPORTABLE ACCIDENT OR INCIDENT THIS FORM SHALL BE COMPLETED AND SUBMITTED TO UKA WITHIN SEVEN DAYS OF THE ACCIDENT.

ON RECEIPT OF THIS FORM UKA SHALL IMMEDIATELY COPY IT TO THE RELEVANT NATIONAL ASSOCIATION / TERRITORY/REGION.

A REPORTABLE ACCIDENT IS ONE IN WHICH A PERSON SUFFERS AN INJURY AS A RESULT OF WHICH THAT PERSON REQUIRES OR IS LIKELY TO REQUIRE MEDICAL TREATMENT.

A REPORTABLE INCIDENT IS ONE WHICH IN DIFFERENT CIRCUMSTANCES MIGHT HAVE LED TO A REPORTABLE ACCIDENT.

The completed form shall be sent to :

Health and Safety Department,
UK Athletics,
Athletics House,
Blythe Valley Park, Solihull,
West Midlands,
B90 8AJ

PERSONAL DETAILS

INJURED PERSON - MR/ MRS/ MISS

SURNAME _____
FORENAMES _____
AGE _____
STATUS _____
(athlete, official, spectator, other)
CLUB (If Applicable) _____
ADDRESS _____

POSTCODE _____
TELEPHONE _____

NATURE OF INJURY

WAS FIRST AID GIVEN - YES/NO

NAME OF FIRST AIDER _____

ORGANISATION/BRANCH _____

WAS THE INJURED PARTY TAKEN FROM THE SITE OF THE ACCIDENT TO HOSPITAL? YES / NO

FURTHER TREATMENT(If Known) _____

VENUE (If Known) _____

NATURE OF TREATMENT (If Known)

ACCIDENT / INCIDENT DETAILS

MEETING / TRAINING VENUE

ADDRESS _____

POSTCODE _____

COMPETITION - YES/ NO

TRAINING - YES/NO

DATE _____

TIME _____

WEATHER _____

SITE OF ACCIDENT _____

MEETING / TRAINING DETAILS

ORGANISER / CLUB

NAME _____

ADDRESS _____

POSTCODE _____

TEL. _____

NATURE OF MEETING / TRAINING (Circle as appropriate)

CROSS-COUNTRY

FELL RUNNING

RACE WALKING

ROAD RUNNING

SPORTSHALL

TRACK AND FIELD

OTHER _____

TITLE OF MEETING _____

**IF APPLICABLE- INCIDENT SITE DIAGRAM / PHOTOGRAPH - PREPARED
BY PERSON REPORTING.**

Indicate event site/ incident layout, position of injured person, position of event officials, coaches , and witnesses.

DESCRIPTION FROM PERSON REPORTING

DETAILS OF PERSON REPORTING

NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

STATUS _____

FOR UKA OFFICE ONLY - To be completed following the outcome of any investigation

(Append reports.)

PROBABLE CAUSE OF ACCIDENT (may be appended)

RECOMMENDATIONS TO PREVENT RECURRENCE (may be appended)

Signature

Date

FOR OFFICE USE ONLY	
UKA	
DATE RECEIVED	
RECEIVED BY	
REFERENCE	

FOR OFFICE USE ONLY	
NATIONAL ASSOC./REGION/TERRITORY	
DATE RECEIVED	
RECEIVED BY	
REFERENCE	