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| Risk and Accident Report Form | Reference No: (***Please leave blank***) |  |

Use this form for reporting risks, hazards, accidents, or incidents which have occurred at the Peper Harow Park Fly Fishers Club. Once completed, send this form to the Club Health & Safety Officer:

**David Thorpe: Tel: 07796 178213 Email: davidathorpe02@gmail.com**

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| **DETAILS OF PERSON FILLING IN THIS FORM** | | | |
| Your Name: | Today’s Date: | | |
| Status (Member/Guest): | Mobile Phone No.: | | |
| Landline No. (optional): | Email Adress: | | |
| **Guidance Notes:**  Place1 -be as specific as possible with the description, using What 3 Words or a Grid Ref location if you can.  Hospital A&E2 - Members must inform the Club Health & Safety Officer in the event of an accident that requires the member or their guest to be taken directly from the Club to hospital, regardless of whether they subsequently receive treatment to an injury.  **DESCRIPTION OF THE RISK or HAZARD (Leave blank if reporting an accident or incident. Instead fill in section below)** | | | |
| Date & Time: | | Place1: | |
| Describe the risk or hazard, provide as much detail as possible including weather conditions if they contributed to the risk: | | | |
| **DESCRIPTION OF THE ACCIDENT or INCIDENT (e.g. a near-miss)** | | | |
| Date & Time: | | | Place1: |
| Describe what happened including details of any injury and any third-party involvement. Include details if a Hospital A&E2 or GP visit are necessary: | | | |

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| **DETAILS OF INJURED PERSON** | |
| Name: | Age (if a Junior Member): |
| Status (Member/Guest): | Mobile Phone No.: |
| Landline No. (optional): | Email Adress: |

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| **Any immediate action taken to ensure the welfare of the individual?** | Yes | No | Don’t Know | Not applicable |
| *If ‘Yes’ record details (e.g. First aid applied, emergency services called, family members contacted):* | | | | |