ULSTER GAA SAMPLE ACCIDENT /INCIDENT /NEAR MISS FORM

ACCIDENT / INCIDENT / NEAR MISS        Please circle one

**Please answer all relevant questions as fully as you can.**

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| --- | --- | --- |
| **Name** (Person involved/injured)          If more than 1 person has been involved, please use separate forms for each person.  | **Date & Time** | **Venue** |
| **Status**Employee                             Volunteer                          Visitor                       Other  |
| **Details of Accident / Incident / Near Miss**(Please include what happened prior, event details and what was done immediately/by whom? Please include a drawing if helpful and use extra sheets if necessary.)             |
| **Details of any injury or damages and any first aid/medical treatment given.**             |
| **List of any witnesses (Name, Role, Contact number)**       |
| **Name of person reporting** |
| **Job Title  Contact Number:** |
| **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Line Manager Section**

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| **Long Term Action Plan**(What action is to be carried out to prevent the Accident/Incident/Near Miss happening again)                  |
| **Is a Risk Assessment (or support play) review required as a result of this Accident/Incident/Near Miss?** | Yes  No  |
| **Action to be carried out by (name)** |  | **By Date:** |
| **Line Manager Section Reviewed by (name)** |  | **Date** |
|   |   |   |   |