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.**

|  |  |  |
| --- | --- | --- |
| **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** | |
|  |  |  |  |