

## ACCIDENT REPORT FORM

Name and address of injured person:

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Activity of injured person:

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Date:

Time:

Gender: male/female

Location:

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Member:

Volunteer:

Visitor:

Other:

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Description of accident/incident:

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Name of first witness:

Address of first witness:

 No.:

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Name of second witness:

Address of second witness:

 No.:

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Details of injury:

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First aid treatment administered:

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Name of first aider:

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Injured person sent:

Hospital:

Home:

Time:

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Name of supervisor/manager:

Date:

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Is the accident reportable to the HSE/Local Authority?

Yes/No

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**This form should be kept on file for at least three years.**