

HOCKEY WALES ACCIDENT REPORT FORM

(Copy to be sent to HW within 2 working days)

1 About the person reporting the accident:

Full name:	Occupation/ Role :	
Address:		Date:
Postcode:	Signature:	

2 About the person who had the accident:

3 Other personnel involved:

Full Name:	Full Name:
Address:	Address:
Postcode:	Postcode:
Occupation:	Involved in accident or witness (please circle)

4 About the accident:

Where it happened:
Date it happened:
Time it happened:
Brief description:
Give the cause if you can:
What action was taken at the time?
Is there any outstanding action that needs to be taken?

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR 1995)

For official use only:

Please initial this box if the accident is reportable under RIDDOR:

Age:

Sex:

Batch no: