

## Incident report form

This form should be completed by a group leader or a member of the committee.

The completed incident form should be shared with all those who need to have access it, including the Chair, Secretary and Groups Co-ordinator.

The Secretary will keep every incident form on file for at least three years (regardless of whether there is a claim or not). For any incident in which someone has been injured, or property has been damaged, the Secretary will send a copy to the Third Age Trust via email to [info@u3a.org.uk](mailto:info@u3a.org.uk).

In the event of an insurance claim, the incident report form will need to be shared with the insurers.

*If an incident/accident happens at a venue that the u3a hires, the u3a should try to ensure that the details have also been entered in the venue's own incident/accident record. A copy of the entry in the venue's incident/accident record, and the name of the First Aider or other contact at the venue, should be included with the u3a Incident Report form that is provided to the Chair, Secretary and Groups Co-ordinator.*

### 1. Your details (the person filling in this form)

<b>u3a</b>	Burnham-on-Crouch
<b>Name</b>	
<b>Position</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	

## 2. Incident details

<b>Date of incident</b>	
<b>Time of incident</b>	
<b>Where did the incident occur?</b>	
<b>Is there any CCTV footage of the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please state the reason for the injured person or damaged property being there (eg 'taking part in a u3a interest group'; 'visiting a u3a event')</b>	
<b>Please describe the circumstances of the incident/accident</b> <i>Attach a sketch or photograph(s) if possible</i>	

### 3. Details of people involved in the incident

*(continue on an extra page if necessary)*

<b>(1) Name</b>		
<b>Email</b>		
<b>Telephone</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is their involvement in the incident?</b>		
<input type="checkbox"/> Injured person <input type="checkbox"/> Owner of damaged property <input type="checkbox"/> Witness		

<b>(2) Name</b>		
<b>Email</b>		
<b>Telephone</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is their involvement in the incident?</b>		
<input type="checkbox"/> Injured person <input type="checkbox"/> Owner of damaged property <input type="checkbox"/> Witness		

<b>(3) Name</b>		
<b>Email</b>		
<b>Telephone</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is their involvement in the incident?</b>		
<input type="checkbox"/> Injured person <input type="checkbox"/> Owner of damaged property <input type="checkbox"/> Witness		

<b>(4) Name</b>		
<b>Email</b>		
<b>Telephone</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is their involvement in the incident?</b>		
Injured person <input type="checkbox"/> Owner of damaged property <input type="checkbox"/> Witness		

#### 4. Type of incident

<b>What type of incident are you reporting?</b>	
<b>Injury</b>	<input type="checkbox"/> <i>Omit section 7</i>
<b>Damage to property</b>	<input type="checkbox"/> <i>Omit sections 5 and 6</i>
<b>Both – injury and damage to property</b>	<input type="checkbox"/> <i>Please complete all sections</i>

#### 5. Particulars of the injured person(s)

*Please make sure you have also listed them in section 3*

<b>Name</b>	
<b>Were they a member of your u3a on the date of the incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please add any comments made at the scene by them</b>	
<i>(If relevant to the incident)</i> <b>Were they wearing suitable footwear?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 6. Details of injury

<b>Describe the injury(ies)</b>
<b>What immediate action was taken?</b>

<b>What treatment was given at the scene?</b>
<b>Were they treated in or admitted to hospital? <i>Please give details</i></b>
<b>Are they receiving ongoing medical treatment? Please give details</b>

## 7. Details of damaged property

*Omit this section if not reporting damage to property*

<b>Please describe the damage caused</b>	
<b>Estimated cost of repair or replacement</b>	
<b>Name of owner (of damaged property)</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email</b>	
<b>Telephone</b>	

*The remaining sections are to be completed for all incidents*

### 8. Name and comments of witnesses to the incident

*Please make sure you have also listed them in section 3*

*(Continue on a blank page, if necessary)*

<b>Name</b>	
<b>Comments made</b>	

<b>Name</b>	
<b>Comments made</b>	

### 9. Other environmental conditions

*(eg weather, dry, rain etc) or (flooring, liquid present, cleaned away)*

## 10. Declaration

<b>Your name</b>	
<b>I declare that, to the best of my knowledge and belief, all of the details provided are true and correct in all respects.</b>	
<b>Date</b>	
<b>Signed</b>	