

ACCIDENT AND INCIDENT REPORT FORM

IN THE EVENT OF A REPORTABLE ACCIDENT OR INCIDENT THIS FORM SHALL BE COMPLETED AND SUBMITTED TO UKA WITHIN SEVEN DAYS OF THE ACCIDENT.

ON RECEIPT OF THIS FORM UKA SHALL IMMEDIATELY COPY IT TO THE RELEVANT NATIONAL ASSOCIATION / TERRITORY/REGION.

A REPORTABLE ACCIDENT IS ONE IN WHICH A PERSON SUFFERS AN INJURY AS A RESULT OF WHICH THAT PERSON REQUIRES OR IS LIKELY TO REQUIRE MEDICAL TREATMENT.

A REPORTABLE INCIDENT IS ONE WHICH IN DIFFERENT CIRCUMSTANCES MIGHT HAVE LED TO A REPORTABLE ACCIDENT.

The completed form shall be sent to :

Health and Safety Department,
UK Athletics,
Athletics House,
Blythe Valley Park, Solihull,
West Midlands,
B90 8AJ

FORM-UKA/RF/1/2004

PERSONAL DETAILS

INJURED PERSON - MR/ MRS/ MISS

SURNAME _____

FORENAMES _____

AGE _____

STATUS _____
(athlete, official, spectator, other)

CLUB (If Applicable) _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

NATURE OF INJURY

WAS FIRST AID GIVEN - YES/NO

NAME OF FIRST AIDER _____

ORGANISATION/BRANCH _____

WAS THE INJURED PARTY TAKEN FROM
THE SITE OF THE ACCIDENT TO HOSPITAL? YES / NO

FURTHER TREATMENT(If Known) _____

VENUE (If Known) _____

NATURE OF TREATMENT (If Known)

ACCIDENT / INCIDENT DETAILS

MEETING / TRAINING VENUE

ADDRESS _____

POSTCODE _____

COMPETITION - YES/ NO

TRAINING - YES/NO

DATE _____

TIME _____

WEATHER _____

SITE OF ACCIDENT _____

MEETING / TRAINING DETAILS

ORGANISER / CLUB

NAME _____

ADDRESS _____

POSTCODE _____

TEL. _____

NATURE OF MEETING / TRAINING (Circle as appropriate)

CROSS-COUNTRY

FELL RUNNING

RACE WALKING

ROAD RUNNING

SPORTSHALL

TRACK AND FIELD

OTHER _____

TITLE OF MEETING _____

**IF APPLICABLE- INCIDENT SITE
DIAGRAM / PHOTOGRAPH -
PREPARED BY PERSON
REPORTING.**

Indicate event site/ incident layout, position of injured person, position of event officials, coaches , and witnesses.

DESCRIPTION FROM PERSON REPORTING

DETAILS OF PERSON REPORTING

NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____

STATUS _____

FOR UKA OFFICE ONLY - To be completed following the outcome of any investigation
(Append reports.)

PROBABLE CAUSE OF ACCIDENT (may be appended)

RECOMMENDATIONS TO PREVENT RECURRENCE (may be appended)

Signature

Date

This form is subject to the Data Protection Act 1998 and as such the information contained within is for UK Athletics statistical purposes only. Any additional disclosure will take place only with the permission of the injured party.

FOR OFFICE USE ONLY	
UKA	
DATE RECEIVED	
RECEIVED BY	
REFERENCE	

FOR OFFICE USE ONLY	
NATIONAL ASSOCIATION	
DATE RECEIVED	
RECEIVED BY	
REFERENCE	