



Incident report form

Category: Form

Please note that this form is to be filled in by a member of the committee, a group leader, or the property owner and should be retained on file by the u3a Committee in case of a claim and for a period of three years even if a claim appears unlikely.

1. Your details

| | |
|------------------|---------------------------|
| U3A | South Molton (202) |
| Name | |
| Position | |
| Email | |
| Telephone | |
| Address | |
| Postcode | |

2. Incident details

| | |
|---|--|
| Date of incident | |
| Time of incident | |
| Where did the incident occur? | |
| Please state the reason for the injured person or damaged property being there | |
| | |
| Please describe the circumstances of the incident <i>Attach a sketch or photograph(s) if possible</i> | |
| | |



3. Particulars of person(s) involved in the incident (continue on a blank page if necessary)

| | |
|--|-----------|
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your U3A on the date of the incident? | |
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your U3A on the date of the incident? | |

Sections 4 and 5 are to be completed for any incident involving injury.

4. Particulars of the injured person(s)

(continue on a blank page if necessary)

| | |
|--|-----------|
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your U3A on the date of the incident? | |
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your U3A on the date of the incident? | |



5. Details of injury

| |
|------------------------------|
| Describe the injury/injuries |
| Immediate action taken |
| Treatment at the scene |
| Admission to hospital |
| Ongoing medical treatment |

Section 6 is to be completed for any incident involving damage to property

6. Details of damaged property

| | |
|---|-----------|
| Describe damage caused | |
| Estimated cost of repair or replacement | |
| Name of owner of damaged property | |
| Email | Telephone |
| Address | |
| Postcode | |

The remaining sections are to be completed for all incidents



7. Name and contact details of any witnesses to the incident

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| |
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| |
| |

8. Declaration

| | |
|--|-------|
| I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects. | |
| Signed | Dated |
| | |

| | | |
|------------|---|---------------------|
| u3a | Doc u3a KMS-FRM-001– Role description – Incident Report Form | The Third Age Trust |
| Version | Description of changes | Date |
| 2.0 | Updated formatting | 23/11/2021 |
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