

Knutsford Incident/Near Miss Reporting form

Form to be completed within 24hrs of an incident/near miss or accident, Reports to be sent to info@knutsfordriclub.co.uk and if required supported by direct contact with the chair chairman@knutsfordtriclub.co.uk.

Each incident report will be responded to and further investigated, if required, by the committee within 14 days of receipt.

Incident reports will be collated and reviewed at least annually, with risk assessments / guidelines updated accordingly. As such, good reporting directly supports the Knutsford Triathlon Clubs risk management policy.

| Participant Details | | |
|---------------------|--|--|
| Name: | | |
| Date of Birth: | | |
| Age: | | |
| Address: | | |
| Telephone number: | | |
| Medical conditions: | | |
| Incident | | |
| Location / venue | | |
| Date: | | |

| Time: | |
|--|--|
| Details of what happened: (Add attachments if required) | |
| Name(s) of individuals directly involved: | |
| Name(s) of any witnesses: | |

| First Aid / Immediate actions | | |
|-------------------------------------|--|--|
| Details of injury: | | |
| Details of first aid given: | | |
| Referred to: | Emergency contact Doctor Hospital Other | |
| Name and address of first aider: | | |
| Telephone number of first aider: | | |
| Signed: | | |

| Date: | |
|-------|--|
| Time: | |

| Details of person reporting (if not first aider) | | |
|--|--|--|
| Name: | | |
| Address: | | |
| Telephone number: | | |
| Signed: | | |
| Date: | | |
| Time: | | |