

Accident/Incident/Near Miss Report Form



Accident - Incident Report - Near Miss

| 1) General information | | |
|------------------------|----------|----------|
| Name: | | |
| Position/ Title: | | |
| Date of Incident: | | |
| Time of Incident: | | |
| Location of Incident: | | |
| Near Miss | Accident | Incident |

2) Particulars of Incident

Give description of the accident/ Incident/ Near-miss:

Nature and extent of the injury:

Was medical attention required?

Yes

No

If 'Yes' please elaborate:

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Who was in charge at time of incident?

Was there any witnesses to the accident/ incident/ Near miss?

Yes

No

Give witness statement if required:

Was correct PPE worn at the time of accident/incident/Near miss?

Was there plant/ machinery involved in the accident/ incident/ near miss?

Yes

No

If 'Yes' please elaborate any checks that took place after the accident/ incident/ near miss:

Any additional information/ comments regarding the incident:

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3. Report Analysis (To be complete by chairperson, secretary or safe club leader)

Cause of the incident (full description):

Recommendations and actions to be taken:

Date of which action must be completed (if applicable):

4) Club sign off:

| | | |
|--------------|------------------|--------------|
| <i>Name:</i> | <i>Position:</i> | <i>Date:</i> |
|--------------|------------------|--------------|

N.B Please note all accidents, Incidents & near misses to be reported to the GAA without delay.