

## Harrogate Tri Club Incident/Accident Report Form (Updated October 2020)

Is this issue related to: Health and Safety, Welfare, Covid19-specific, Other issue?

What was the nature of the incident? Accident, illness, near miss, other:

Date completing Incident Report:

*(optional – reporting person can remain anonymous):*

Name of person reporting incident

Address of person reporting incident:

Phone Number(s) of person reporting incident:

Date of incident:

Time of incident:

Site and exact location of incident:

Was anyone affected by the incident?

If so, who? Coach, member, Parent, other:

Name of person/people affected:

Address of person/people affected:

Telephone number of person/people affected:

Describe what happened:

What action was taken? Who took this action? Please state if parents/guardians/ next of kin were contacted – who was spoken to?

Follow Up Action Required (to be completed by club representative, please leave blank):

Please email this form to the Chair ([Vivienne.whitelaw@gmail.com](mailto:Vivienne.whitelaw@gmail.com)), the COVID19 officer ([eharesign@hotmail.com](mailto:eharesign@hotmail.com)) or the Welfare Officer ([julia.m.thomson@btinternet.com](mailto:julia.m.thomson@btinternet.com)) within 24 hours of incident. Remember to be discrete with information recorded and abide by the Data Protection Act.