



Purley Bowls Club
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PURLEY BOWLS CLUB - ACCIDENT REPORTING FORM

Name of person in charge of the session/competition:
Site/Venue where the accident/incident took place:
.....

Date and time of accident/incident:

Name of Injured Person:

Address:
.....
.....

Post Code: Tel:

Give details of how and precisely where the accident/incident took place. Describe what activity was taking place e.g. training, match, getting changed etc.

.....
.....
.....
.....

Result:

- Was first aid administered?

No

Yes By whom?

Treatment:
.....
.....

- Were any of the following people contacted?

Police:	Yes	No
Ambulance:	Yes	No
Parent/carer/guardian:	Yes	No

What happened to the injured person following the accident/incident? e.g. went home, went to hospital, carried on with session etc.
.....

All the above facts are a true record of the above accident/incident

Signed **Print Name**..... **Date**

Copy to Club Welfare Officer: Yes/No

In the event of an accident/incident occurring through insufficient training or faulty equipment/facilities, the follow up action taken should include the completion of a Risk Assessment.