

TAUNTON DEANE SWIMMING

Affiliated to Somerset and South West Region ASA
www.tdswim.co.uk

ACCIDENT/INCIDENT REPORT FORM

Name of Person in Charge of Activity	
Site where Accident/Incident took place	
Time & Date of Accident/Incident	
Name of Injured Person	
Address of Injured Person	
Nature and extent of Injury/Incident	
Give Details of How and Precisely where the Accident/Incident took Place. <i>Describe the activity taking place, i.e. training, getting changed etc</i>	
Details of Action Taken. If First Aid Treatment was given the Name(s) of the First Aiders	
What Happened to the Injured Person Following the Accident/Incident? <i>I.E. carried on with activity, went to hospital, went home etc</i>	

Details of People Contacted as a Result of Accident/Incident. <i>I.E.</i> Parent/carer, police, ambulance etc	
Details of any Witnesses	

All of the above facts are a true record of the Accident/Incident.

Signed: _____ **Date:** _____

Name: _____
(Please print)

Recorded by: _____ **Date:** _____

Signed: _____

Received by: _____ **Date:** _____