



Birmingham Marlins Incident Report Form

To be completed by the senior member of Birmingham Marlins teaching /coaching staff present when any incident occurs which gives rise to an injury or which may have resulted in an injury

At which site did the incident occur?

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Date .. /.. /....

Time:....

Person Injured/involved in the incident

Surname..... Forename.....

Address.....

.....

.....

.....

Post Code.....

Telephone Number.....

Date of Birth .. /.. /....

Employee Volunteer Club Member Member of the public

Other

Date and time incident reported

Date .. / / Time .. /

Person incident reported to

Was incident recorded in site operators Accident Book? Yes/No

If yes please provide copy

Details of incident including full details of any injury



Details of action taken

Assisted by site staff (please give name)

First-aid administered (please give name)

Please tick relevant boxes

Ambulance called Yes No Taken to hospital Yes No

Name and address of hospital

Taken Home Yes No

Circumstances of incident (Please use additional sheet if insufficient room)

Names and addresses of witnesses



Person completing this form

Name

Position in Club

Address

.....

.....

Post Code

Contact Number

Signature

Date