

## HOCKEY WALES ACCIDENT REPORT FORM

(Copy to be sent to HW within 2 working days)

**1 About the person reporting the accident:**

Full name:		Occupation/ Role:	
Address:			Date:
Postcode:	Signature:		

**2 About the person who had the accident:****3 Other personnel involved:**

Full Name:	Full Name:
Address:	Address:
Postcode:	Postcode:
Occupation: Date of birth:	Involved in accident or witness (please circle)

**4 About the accident:**

Where it happened:
Date it happened:
Time it happened:
Brief description:
Give the cause if you can:
What action was taken at the time?
Is there any outstanding action that needs to be taken?

**Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)**

For official use only:

Please initial this box if the accident is reportable under RIDDOR:

Age:	Sex:	Batch no:
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