



## **Incident/Accident Report**

Email completed form to welfare@teambathas.co.uk

| Logged By   |  |
|---|--|
| Date Logged   |  |
| Incident Title  |  |
| Incident Date & Time  |  |
| Member(s) involved  |  |
| Location of<br>Incident/accident                            |  |
| How did<br>incident/accident<br>occur                       |  |
| Level of Injury   |  |
| Details of Injury   |  |
| Advice and Treatment given                                  |  |
| Proposed Action   |  |
| Consequences  |  |
| If member under 16,<br>have parents/carers<br>been informed |  |



