SOGB ACCIDENT REPORT FORM

INSTRUCTIONS Using this form, SOGB employees/volunteers/athletes shall report all SOGB related accidents, injuries, illnesses, or unplanned events which could have resulted in an injury or illness. Once completed, this form should be sent to info@sogb.org.uk .

I AM REPORTING AN SOGB RELATED:		INJURY		ILLNESS		NEAR MISS

YOUR NAME	MANAGER/CLUB NAME	DATE OF REPORT

JOB TITLE/VOLUNTEER ROLE	Has anyone else been made aware of this incident?

LOCATION OF INCIDENT	DATE OF INCIDENT	TIME

WITNESSES *if any*

INCIDENT DESCRIPTION Describe activities being performed, sequence of events and details of the person injured if different to the person completing this form. *Attach additional pages as necessary.*

What could nave been done (*if anything*) to prevent this injury / near miss?

What parts of your/their body were injured? If a near miss, how could you/they have been hurt?

Was medical treatment necessary?				IF YES, NAME OF HOSPITAL / PHYSICIAN:
	YES		NO	
DATE OF VISIT		TIME OF VISIT		HOSPITAL / PHYSICIAN PHONE

Has this part of your/their body been injured before?		YES		NO	If YES, when?	

EMPLOYEE/VOLUNTEER/ATHLETE SIGNATURE **DATE**
