

Bu3a Incident/Accident/Near Miss Report Form

Bu3a GDPR Personal Data Compliance Statement	These personal data are necessary for the purposes for which they are required and will be distributed only as necessary, stored securely, and destroyed after a period of three years
What to do with this form	The coordinator or committee member completes this form at the time of the incident/accident or near miss or as soon as possible after the event and emails the form to the Bu3a Chair or Vice-Chair within 48 hours. If this is not possible contact the Chair or Vice-Chair without delay.
Name and address of the person involved in the incident/accident	
Name and contact details of the person completing this form	
Name of group activity or event	
When did it happen? Date and time.	
Where did it happen? Name and address of the venue/location and the room or place.	
How did it happen? What was the cause , if known.	
Was anyone injured? Say who was injured and the nature of the injury.	
What action was taken and by whom? Indicate if First aid/111/999/or other	
Was there any damage or loss to property? Give brief details.	
Were there any witnesses? Provide names, addresses, and contact details. Continue on a separate sheet if necessary.	
Signature of the person completing the form and the date of completion	

Version	Description of changes	Date
Bu3a Revised Incident/Accident/Near Miss Report Form V3	Committee Approved	15/03/2024

Continuation sheet if necessary.

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