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| **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 the separate sheet if necessary.** |  |
| **Signature of the person completing the form and the date of completion** |  |  |
| **Name of the person notified at the venue and date notified** |  |  |
| Continuation page if required.  |