



# Accident/Near Miss Report Form

**Please complete this form then pass it on to the Welfare Officer**

Location:

Date:

Person making report:

Accident       Dangerous occurrence       Near Miss (**please tick**)

**Person(s) involved in accident/near miss (please include address & tel. no):**

**Brief details of accident/near miss (including any injury):**

# WARRIORS of WARRINGTON SWIMMING CLUB



**Brief details of action taken (i.e. first aid, removal of cause of accident or near miss etc.) and by whom?**

Is further action necessary?      Yes     No

**Further action taken:**

**Signed:** \_\_\_\_\_ **(person making report)**

The above accident has been satisfactorily dealt with. No further action is necessary.  
Accident recorded in Club Accident Book or on Near Miss record.

**Signed:** \_\_\_\_\_ **(Welfare Officer) Date:** \_\_\_\_\_