|  |  |
| --- | --- |
|  | **17th Bournemouth*****…injury/accident record sheet*** |
|  |  |  |
| **Casualty Details** |
| Name: |
|  |  |  |
| Group: |
|  |  |  |
| Home Address Post Code |
|  |  |  |
| Home Tel: |
|  |  |  |
| Age: |  | Section: |
|  |  |  |
| **Accident / Incident Details** |
| Time: | **.** | Date: |  |  |  |
|  |  |  |
| Location: |
|  |  |  |
| Equipment / Machinery Involved |
|  |  |  |
| Description of Incident *(including cause and nature of injury)* | **…………………………………….……………………………………………………………….****…………………………………….……………………………………………………………….****…………………………………….……………………………………………………………….****…………………………………….……………………………………………………………….****…………………………………….……………………………………………………………….****…………………………………….……………………………………………………………….** |
|  |  |  |
| Treatment: | **…………………………..……………………………………………………………………………****…………………………………..…….……….…………………………………………………….****………………………………………………………………………………………………………..** |
|  |  |  |
| Signed: |  | Date: |  |  |  |
|  |  |  |
| **Person Reporting** *(if other than casualty)* |
| Name:**.** |
|  |  |  |
| Home Address Post Code |
|  |  |  |
| Home Tel:**.** |
|  |  |  |
| Position:**.** |  | District: |
|  |  |  |
| Further Action: |  |
|  |  |  |
| Signed: |  | Date: |  |  |  |