# IRISH FIELD ARCHERY Federation Limited

# Incident Report Form

**INCIDENT LOCATION:**

**HOSTING CLUB/Club Coordinator:**

**SHOOT SIGNED OFF BY:**

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| 1. **PARTICULARS OF INVOLVED THIRD PARTY**   **NAME: .................................... TELEPHONE: ....................................**  **ADDRESS: ....................................**  **DATE OF BIRTH/APPROX AGE: ....................................**  **BACKGROUND DETAILS/DESCRIPTION OF PERSON: ....................................**  **Other Team members (witness statement required from all):**  **........................................................................................................................................................................................** |

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| 1. **INCIDENT TYPE (Please select)**   **⬜ Slip Trip Fall (use accident report form) ⬜ Verbal abuse**  **⬜ Damage to Property ⬜ Disregard to rules ⬜ Complaint**  **⬜ Other (Please detail):**  **........................................................................................................................................................................................** |

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| 1. **INCIDENT INFORMATION.**  DATE OF INCIDENT: .................................... TIME: .................................... **REPORTED TO: .................................... TIME REPORTED: ....................................**  **PLACE OF INCIDENT (be very specific):**  **........................................................................................................................................................................................**  **SUMMARY OF INCIDENT:** |
| REPORT COMPLETED BY: DATE: |

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| Were there any witnesses? YES ❑ NO ❑ Give names of all witnesses: ........................................................................................................................................................................................  A Witness Statement must accompany all of the above named.  **Was Photo Taken? YES** ❑ **NO** ❑  **Was CCTV in Operation? YES** ❑ **NO** ❑  **Did the incident require a visit to the Doctor: YES ❑ NO ❑**  **........................................................................................................................................................................................**  **Were Guards called?** **YES** ❑ **NO** ❑  Give names and station of Guards:  **........................................................................................................................................................................................** |

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| **DETAILS OF INCIDENT:**  **Please write a detailed account.**  **Signed: .................................... Date: ....................................** |
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| **WITNESS STATEMENT #1 / NAME: ....................................:**  **Please write a detailed account.**  **Signed: .................................... Date: ....................................** |
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| **WITNESS STATEMENT #2 / NAME: ....................................**  **Please write a detailed account.**  **Signed: .................................... Date: ....................................** |
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**Add more Witness Statements as needed**

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| **Health Safety and Welfare Officer Report/Recommendations.**  **What action was taken / recommendation made to prevent a recurrence of this incident:**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  **.......................................................................................................................................................................................**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  **.......................................................................................................................................................................................**  **Follow up report/ close out of the incident:**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  **.......................................................................................................................................................................................**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  **.......................................................................................................................................................................................**  Signed: ………………………………………………. Date: ……………………………………….. |

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| **Additional Notes:**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  **.......................................................................................................................................................................................**  **........................................................................................................................................................................................**  **........................................................................................................................................................................................**  Signed: ………………………………………………. Date: ……………………………………….. |