# 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: ……………………………………….. |