



THREE ROCK ROVERS HOCKEY CLUB



Incident Report Form

All sections to be completed, signatures obtained, and when complete return to TRRHHC

1. General Information

Date of Event (dd/mm/yy): _____ Time of Event (hrs:mins): _____

Address where event occurred: _____

Exact location: _____

2. Details of Injured person (where applicable)

First Name: _____ Surname: _____ Age: _____

Gender (Male/Female): _____ Date of Birth (dd/mm/yy): _____

Hair Colour: _____

Contact no: _____ Email: _____

Status: TRR Staff TRR Member Visitor Student Volunteer Other

3. Incident Details

When was incident first reported (dd/mm/yy): _____ Reported to whom initially: _____

By whom was it reported (name & role): _____

Did the injured person cease activity immediately (Y/N): _____ If NO, provide details: _____

Description of event (include preceding events):

Task being done at time of Incident: _____

Any equipment being used: _____

Equipment used correctly (Y/N): _____ Condition of equipment: _____

4. Injury/Illness Details

Medical treatment: None First-aid 999

What first aid was given? _____

First Aider (name): _____ Contact No: _____

Injury Sustained: _____

What part(s) of body were injured: _____

5. Other relevant Information

6. Witness to event

Witness (Name & Role): _____ Contact No: _____

7. Signature of person completing form: _____ Date: _____