



BRADFORD JUDO 柔道 UNIVERSITY CLUB

Bradford University Judo Club

Incident/accident report form

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury

Please turn over and complete reverse side...

Give details of how and precisely where the incident took place.

Describe what activity was taking place, for example training/game/getting changed.

Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

Were any of the following contacted?



Parents/carers

Yes

No



Police

Yes

No



Ambulance

Yes

No

What happened to the injured person following the incident/accident?
E.g., carried on with session, went home, went to hospital etc.

All of the above facts are a true record of the accident/incident

Signed: _____ **Date:** _____

Name: _____

In the event of an accident occurring through insufficient training or faulty Equipment / facilities follow up action to include completion of risk assessment form.
