



Accident, Incident, Ill Health or Hazard Report Form
All completed forms must be forwarded to Special Olympics Great Britain,
2nd Floor, Corinthian House, 6-8 Great Eastern Street, London EC2A 3NT

The following is in relation to:

Accident	/	Incident	/	Ill Health	/	Hazard
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Date and time of Accident/Incident/Ill Health/Hazard

Event Name:			
Date:		Time:	am/pm

Details of persons involved in Accident/Incident/Ill Health/Hazard

Full Name:			
Date of Birth:		Male / Female	
Athlete / Volunteer / Other (please specify):			
Special Olympics Club:			
Special Olympics Region:			

Details

Please give a brief, factual description of the accident/ incident/ill health/hazard and ensure you include the location, details of any injuries, and the action taken (e.g. first aid administered)

Please turn over to page 2

Outcome

e.g. Hazard removed/made safe, person(s) taken to hospital etc.

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Details of person completing this form

Full Name:	
Phone Numbers:	
Email Address:	
Role: e.g. volunteer, coach	
Completion Date:	
Signature:	

This section is for Special Olympics GB National Office use only

Date received:			
Details of follow up action taken (if required):			
Checklist			
	Copy forwarded to Safeguarding & Welfare Manager	Date:	
	Club Chair advised/informed of follow up (if applicable)	Date:	
	Regional Chair advised/informed of follow up (if applicable)	Date:	
	Copy of form forwarded to Venue Manager (if applicable)	Date:	
	Copy forwarded to Health & Safety Executive (if applicable)	Date:	