

WAVENDON COMMUNITY CENTRE
ACCIDENT / INJURY REPORT

FULL NAME OF CASUALTY	
DATE / TIME OF ACCIDENT / INJURY	
PLACE OF ACCIDENT / INJURY	
CIRCUMSTANCES OF ACCIDENT / INJURY	
NATURE OF INJURY	
TREATMENT GIVEN	
MEDICAL AID SOUGHT (IF ANY)	
NAME OF PERSON WHO DEALT WITH ACCIDENT / INJURY	
NAME (S) OF WITNESS(ES)	
SIGNATURE	

A copy of this report must be given to the Hall Manager as the accident / injury may need reporting to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).