



NOPEAP Annex A Incident Reporting Form



Version Date: Dec 2019	Reissue Date: Dec 2020
Owner(s):	Swim Mark Coordinator
Statement:	To be completed in accordance with Bath Dolphin SC Normal Operating Procedures and Emergency Action Plan. To be completed at the earliest opportunity following an incident and given to the Club Health & Safety Officer.
1. Date & Time	
2. Venue/Pool	
3. Name(s) of Teachers/Coaches	
4. Name(s) of Swimmers Affected	
5. Witness Name(s) & Contact Details (not a Teacher/Coach)	
6. Description of incident/injury	
7. Circumstances leading up to the incident	
8. Details of Actions Taken	
9. Details of Aftercare (e.g. ambulance, first aid administered)	
Teacher/Coach Signature & Date	

Continue On Separate Sheet Of Paper If Required