



**Portsmouth Northsea Swimming Club  
Accidents and Incidents Procedure & Form  
May 2021**

All accidents and incidents **must be** recorded immediately however minor, including cut toes, fingers, etc. Any accident that results in a swimmer going to hospital, a telephone call must be made immediately to the Club Membership Secretary to report it. Incidents could be bad language, theft, bad behaviour, etc.

The enclosed form includes the information required, or a separate report report can be written. Please ensure that all reports are signed and dated.

When there is anything to report this **form must be** handed to the Club Membership Secretary and Welfare officer via the PNSC office without delay. It will then be transferred to the Accident / Incident Book for future reference.

This book forms evidence that may be required at a later date. If possible please obtain a witness statement to any incident.

Parents/carers must be informed of any incident however minor as soon as possible.



**Portsmouth Northsea Swimming Club  
INCIDENTS / ACCIDENTS REPORT FORM**

|   |       |          |
|---|-------|----------|
| <b>SECTION 1: DETAILS OF THE INCIDENT</b>   |       |          |
| Injury <input type="checkbox"/> Ill-health <input type="checkbox"/> Damage only <input type="checkbox"/> Near miss/unsafe condition <input type="checkbox"/> Other <input type="checkbox"/> |       |          |
| Date:   | Time: | Location |
| Describe how the incident occurred: (use a separate sheet if necessary)   |       |          |

|   |                                |                                     |                                    |                                  |                                |
|---|--------------------------------|-------------------------------------|------------------------------------|----------------------------------|--------------------------------|
| <b>SECTION 2: DETAILS OF THE INJURED/INVOLVED PERSON</b> - If more than one, please complete on a separate sheet. |                                |                                     |                                    |                                  |                                |
| First Name:   | Surname:                       |                                     |                                    |                                  |                                |
| DOB:  | Squad/Session:                 |                                     |                                    |                                  |                                |
| Home Address:   |                                |                                     |                                    |                                  |                                |
| Contact Number:   |                                |                                     |                                    |                                  |                                |
| Club Member <input type="checkbox"/>  | Staff <input type="checkbox"/> | Contractor <input type="checkbox"/> | Volunteer <input type="checkbox"/> | Visitor <input type="checkbox"/> | Other <input type="checkbox"/> |
| Describe type and position of injury:   |                                |                                     |                                    |                                  |                                |
| Parent/carer informed <input type="checkbox"/>  | Parents' Name:                 | Time:                               |                                    |                                  |                                |

**SECTION 3: DETAILS OF WITNESS(ES)****First Name:****Surname:****Contact Details:****Role:****First Name:****Surname:****Contact Details:****Role:****SECTION 4: DETAILS OF TREATMENT****Details of treatment administered:****Name of person who administered the treatment:****First Aider Name:****Paramedics:****Hospital:****GP:****Self Treatment:****None required** **SECTION 5: DETAILS OF DAMAGED PROPERTY****Not applicable** **Details:****SECTION 6: DETAILS OF PERSON REPORTING THE INCIDENT/ACCIDENT****First Name:****Surname:****Contact Details****Role:****Signature:****Date:****Time:**

**SECTION 7: ADDITIONAL INFORMATION:**