

# THE FA ACCIDENT REPORT FORM

|        |       |
|--------|-------|
| Date:  | Time: |
| Event: |       |

**Course Details**

|                  |
|------------------|
| Course Director: |
| Course Director: |
| Course Director: |

**Injured Person's Details**

|                        |             |
|------------------------|-------------|
| Surname:               | First Name: |
| Address:               |             |
|                        | Postcode:   |
| Tel Number:            |             |
| Occupation/ Job Title: |             |
| Date of Birth:         |             |

**Details of all persons involved – insert details of all person(s) actually involved in near miss, incident or accident**

|                      |                 |
|----------------------|-----------------|
| Full Name of Person: | Contact Number: |
| 1.                   |                 |
| 2.                   |                 |
| 3.                   |                 |

**Details of all person's that witnessed – insert details of all person(s) who actually witnessed the near miss, incident or accident**

|                       |                 |
|-----------------------|-----------------|
| Full Name of Witness: | Contact Number: |
| 1.                    |                 |
| 2.                    |                 |
| 3.                    |                 |

**Incident Details**

|                 |       |
|-----------------|-------|
| Time of Injury: | Date: |
|-----------------|-------|

**Describe the Incident**

|  |
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|  |
|--|

**Treatment Given**

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|  |
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|                                     |                                  |
|-------------------------------------|----------------------------------|
| Details of Person Giving Treatment: | Role of Person Giving Treatment: |
|-------------------------------------|----------------------------------|

|                          |        |
|--------------------------|--------|
| Loss of consciousness?   | Yes/No |
| Person sent to hospital? | Yes/No |
| Ambulance called?        | Yes/No |
| If Yes, which hospital?  |        |

|                           |       |
|---------------------------|-------|
| Name of Course Director:  | Date: |
| Signed (Course Director): |       |

|                |
|----------------|
| Office Use:    |
| Date Received: |

|                                   |         |
|-----------------------------------|---------|
| Name of FA Learning Co-ordinator: | Signed: |
|-----------------------------------|---------|

|                           |        |
|---------------------------|--------|
| RIDDOR required?          | Yes/No |
| Date of RIDDOR submitted: |        |
| RIDDOR reference:         |        |