Irish Amateur Wrestling Association CLG.
Website - www.irishwrestling.ie

Accident/Incident Report Form

Location			
Report Prepared by		Date	

1. Details of person involved in incident / accident			
Name		Date of Birth / Age	
Address		Nationality	
		Gender	
Is the person involved in the incident / accident?			
Member Club Coach Member of Public			
What type of work / activity was the person doing at the time of the incident / accident?			
Was the person wearing personal protective equipment at the time of the incident/accident? Yes ⓿ No ⓿ If yes, please provide further details			
Where was the person at the time of the incident / accident (please indicate address of establishment and location of incident / accident)?			

2. Circumstances of the Incident / Accident (An 'agent' may be another person, an animal, a substance, equipment or other item):			
Date of Incident / Accident		Time of Incident / Accident	a.m. / p.m.
Briefly describe what the person was doing at the time of the incident/accident, identifying the agent involved			

Briefly describe what happened including the agent involved
How could the incident / accident have been prevented? Was the accident caused by any alleged negligence on the part of any staff? (If yes, please supply details)

Irish Amateur Wrestling Association CLG.

Website - www.irishwrestling.ie

3. Details of the injury

Indicate the type of injury (tick one box only)		Indicate part of the body most seriously injured (tick one box only)	
Bruising	☐	Head, except eyes	☐
Concussion	☐	Eyes	☐
Internal injuries	☐	Neck	☐
Open wound	☐	Back, spine	☐
Abrasion, graze	☐	Chest	☐
Amputation	☐	Abdomen	☐
Open fracture (bone exposed	☐	Shoulder, upper arm, elbow	☐
Closed fracture	☐	Lower arm, wrist	☐
Dislocation	☐	Hand	☐
Sprain, torn ligaments	☐	Fingers, one or more	☐
Suffocation, asphyxiation	☐	Hip joint, thigh, kneecap	☐
Electrical injury	☐	Knee joint, lower leg, ankle area	☐
Injury not ascertained	☐	Foot	☐
Other	☐	Toes, one or more	☐
		Extensive parts of the body	☐
		Multiple injuries	☐
		Other	☐

4. Consequences of the Incident/Accident

Fatal ⓿ Non-fatal ⓿

Was First Aid Treatment Administered? Yes ⓿ No ⓿ If yes, by whom?

_____

Was person involved in the incident / accident removed to hospital? Yes ⓿ No ⓿

If yes, what hospital? _____

Were police involved or other parties? Yes ⓿ No ⓿

If yes, indicate name, station, ID no. etc.: _____

Was the accident caused by any alleged defect in the premises, facilities or equipment? (If yes please supply details on a separate page if more space is needed)

_____

_____

_____

Date of resumption of work if returned		Anticipated absence if not returned	4-7 days ⓿ 8-14 days ⓿ More than 14 days ⓿

5. Witnesses Details

Witness 1	Witness 2
Address	Address

6. Details of Notifier

Name		Position	
Signature		Date	