

# U3A Tauranga Inc Accident Report Form

(Appendix B to Health and Safety Guidelines adopted 13.11.2020)

This form is to be completed by either an Executive member, a Group Co-ordinator or a Convener and then sent to the Health and Safety Officer as soon as possible for processing. Please use extra pages if required.

The original form is to be retained on file by the Secretary for three years.

## A. Details of person making the report (as above)

Name	U3A Position
Email	Phone
Address incl postcode	
Name of U3A Group or Meeting related to Accident	

## B. Accident Details

Date of accident	Time
Where did the accident occur?	
Describe the circumstances of the accident. Attach a sketch or photo as appropriate	

## C. Particulars of person(s) involved in the accident (print)

<b>Person 1: Name</b>	<b>Email</b>
<b>Address incl postcode</b>	
<b>Phone</b>	
<b>On the date of the accident, was the person involved a U3A Tauranga member?</b>	
<b>Person 2: Name</b>	<b>Email</b>
<b>Address incl postcode</b>	
<b>Phone</b>	
<b>On the date of the accident, was the person involved a U3A Tauranga member?</b>	

**D. Details of injury**

<b>Describe the injury/injuries</b>
<b>Immediate action taken</b>

<b>Treatment at the scene</b>
<b>Further action: Contact with GP or admission to hospital (ensure ACC form is complete)</b>

**E. Name and contact details of any witnesses to the accident**

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**F. Declaration: to be signed by member who completed section A above, and also the injured person(s) (when possible/appropriate)**

<b>I/We declare that to the best of my/our knowledge all the particulars noted are true and correct in all respects</b>	
<b>Signed</b>	<b>Dated</b>
<b>Signed</b>	<b>Dated</b>
<b>Signed</b>	<b>Dated</b>