

Accident/Incident Report

This form shall be completed as soon as possible and forwarded to the Swimming Counties Manukau Chairperson within 48 hours. Where serious injury, illness or death occurs the Chairperson shall be notified immediately.

Date of Accident/Incident:	
Time:	
Location:	

Date of Accident / Incident Report compiled:	
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Name people involved in the accident/incident:

Describe what happened: (continue overleaf if required)

What immediate action was taken?

What do you think caused or contributed to the accident/incident?

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What follow up action is required?
How could this accident/incident be prevented in the future?

List witness(es) to accident/incident:	
Name:	
Contact:	
Name:	
Contact:	
Name:	
Contact:	
Name:	
Contact:	

Your details:	
Name:	
Contact:	
Signature:	
Date:	

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SCM Board Actions:	
Form received from:	
Date:	
Further investigation required?	Yes / No
Nature of investigation:	
Outcome of investigation:	
Date case closed:	
Signed:	