

## MAGHULL & LYDIATE U3A

Please send copies to the Health and Safety Officer and the Secretary

Accident/Incident Form	
Name, address and telephone number of the injured party:	
Names, addresses and telephone numbers of others involved:	
Date/time/location of the accident or incident:	
Nature and circumstances of the accident/incident:	
Injury details / property damage:	
Name, address, telephone number of the person causing the injury/damage:	
Witnessed by:	
Address and telephone number:	
Action taken:	
Was any specialised assistance required at the scene? If so give details here:	
Was medical advice sought afterwards? If so, give details:	
Name of Group Leader: Signed (Group Leader):	Tel No:
Signed (injured party):	
Date:	

An Accident/Incident additional information report may be attached if appropriate