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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time of Incident** | | |  | | | **Date of Incident** | |  | |
| **Detailed location** (e.g. sport hall on left hand side) | | |  | | | | | | |
| **Sport/Society** (e.g. MMA) | | |  | | | | | | |
| **First Aider** |  | | | | | **Name of Person Completing the Form** | |  | |
| **Type of Incident** | **Accident Anti-Social Behaviour Safeguarding Other** | | | | | | | | |
| **Name of Person / People involved:**  **Date of Birth:** | | | | | | | | | |
| **Address:** | | | | | | | | | |
|  | | | | | | | | | |
| **Details of the Incident** (ensure that you clearly state if you were a witness, or if third hand information)  **Please add witness information with Name, Email and Phone Number.** | | | | | | | | | |
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| Continue onto another sheet if required, ensuring it is marked with reference number | | | | | | | | | |
| **List any injuries sustained and treatment given** (including by whom) | | | | | | | | | |
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| **Actions Taken & Follow Up** (eg. emergency services called, first aid administered, removed from football pitch) | | | | | | | | | |
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| **Signed: Date:** | | | | | | | | | |
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| **JMSU MANAGEMENT TEAM ONLY**  **Follow Up Actions – Complete with dates of actions taken and manager initials. OD** | | | | | | | | | |
| **Entered on Database** | |  | | **JMSU Disciplinary** |  | | **CCTV Burnt** | |  |
| **RIDDOR** | |  | | **Other – Please state** |  | | | | |

**INCIDENT REPORT FORM**