Warwickshire Geological Conservation Group

8 Accident/ Incident Report Form

Keep one copy and send the other to the Honorary Secretary

Date:	Leader:
Place:	
Description of Accident/ Incident (inj	ury and/ or damage to property)
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In case of injury:	
Name:	Position held:
Nature of injuries:	
Tweete of injuries.	
Treatment: Health Centre/Hospital/Home/Returned to work	
Treatment. Treatment control trouble treatment to work	
Name, address and telephone number of Witnesses:	
Trume, address and telephone named of withesses.	
Photographic records: yes/ no	
Circumstances surrounding accident/ incident and H&S measures in force	
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Action taken to prevent repetition	
Action taken to prevent repetition	
G:	D-4
Signature:	Date:

Note: any accidents or incidents should be reported to the Management Committee via the Honorary Secretary