

# Woodgreen Village Hall

## Incident Report Form

● Date and time of incident \_\_\_\_\_

● Exact location of incident \_\_\_\_\_  
\_\_\_\_\_

● Which organisation or individual was in control of the premises at the time of the incident (i.e. the hirer) \_\_\_\_\_

Person who had the accident / incident

● Name \_\_\_\_\_

● Contact details \_\_\_\_\_

● Nature of injury \_\_\_\_\_  
\_\_\_\_\_

Description of how accident / incident occurred \_\_\_\_\_  
\_\_\_\_\_

● When was the incident reported?

Date/Time \_\_\_\_\_

● Name of person who reported incident \_\_\_\_\_

● Was first aid treatment given on site? Yes/No

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**On completion, send an email or text to the Bookings Secretary and then post the actual form through the letterbox.**

(for office use only) **Action required to prevent recurrence** \_\_\_\_\_  
\_\_\_\_\_