

BURTON PIDSEA MEMORIAL HALL

ACCIDENT REPORT FORM

Burton Pidsea Memorial Hall and Playing Fields, Back Lane, Burton
Pidsea, East Yorkshire, HU12 9AX

Date and time of accident:

Exact location of the accident:

Who was the hirer responsible for the booking of the Hall at the
time of the accident:

Name of person who sustained accident:

Full address:

Contact telephone numbers:

Date of Birth:

Male/Female

Nature of injury:

Status of person injured:

Employee of Memorial Hall

Volunteer (inc Committee member of Memorial Hall)

Individual hirer

Member of organisation hiring Hall

Contractor working at Hall

Other - please give detail

Description of how accident occurred:

What was the injured person doing at the time of the accident:

Was this something he/she was authorised to do: Yes/No

Were they authorised to be where the incident occurred: Yes/No

When was the incident reported:

By whom was it reported:

Was the incident witnessed? If so please give name and address of witness:

Was first aid treatment given on site?

Was further medical treatment required - if so please give details:

Any further details:

Action required to prevent any repeat of accident:

March 2020