

IMP CLUB INCIDENT REPORT FORM

INCIDENT DETAILS

Date occurred:

Place:

Time:

Details of incident:	Recorded by:
What happened:	Injury details:
Action taken (by Imp club):	Action taken externally (e.g., doctor, hospital, member of the public)
Witnesses:	Injured party contact details:

Please forward this form to the Imp Club Secretary after completion

Committee discussion date:	Outcome:	Date completed and added to incident log