

# WHMC Incident Report Form

Please use this form to record any incidents or significant events, that adversely affect Members or Visitors attending the Wiveliscombe Masonic Hall Club (WMHC) premises. Additional guidance on incident reporting is available via the web site: [6209.co.uk](http://6209.co.uk). If you are unsure or need assistance please contact: [info@6209.co.uk](mailto:info@6209.co.uk) This form should be completed and handed to the Person in Charge for reporting and filing.



## INCIDENT DETAILS:

Date and time : \_\_\_\_\_

Location : \_\_\_\_\_

Brief description : \_\_\_\_\_  
\_\_\_\_\_

Witnesses to incident,  
(if any) : \_\_\_\_\_  
\_\_\_\_\_

## PERSON(S) INVOLVED

Name(s) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature and extent of  
any injuries : \_\_\_\_\_  
\_\_\_\_\_

If any injuries required  
treatment by a medic or  
hospital give details. : \_\_\_\_\_

## INCIDENT DESCRIPTION

Provide a detailed description of how the accident occurred including contributing factors.

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evacuation chair used?

Significant blood loss?

AED Used?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMMEDIATE ACTIONS TAKEN

Describe the immediate actions taken to address the incident and provide assistance.

: \_\_\_\_\_  
\_\_\_\_\_

## PREVENTIVE MEASURES

What preventive measures can be implemented to avoid similar Accidents in the future?

: \_\_\_\_\_  
\_\_\_\_\_

## REPORT COMPLETED BY

Name : \_\_\_\_\_

Capacity acting? : \_\_\_\_\_

## INCIDENT REFERENCE NUMBER