



RFU System Reference:

## ACCIDENT, INCIDENT & NEAR MISS FORM F613D

<b>1) AGP Name:</b>	<b>Time and Date of Alleged Accident/Incident/ Near Miss:</b>	
<b>2) RIDDOR Reported:</b>	Yes / No and Signature:	<b>Staff / Volunteer / Customer / Contractor (Please Circle)</b>
	Ref No:	
<b>3) Full Name:</b>		
<b>4) Gender:</b>		
<b>5) Date of Birth/Age (if under 18)/ Adult</b>		
<b>6) Address and Postcode:</b>		
	Postcode:	
<b>7) Occupation (Employees / Volunteers only)</b>		
<b>8) Day Time/Evening Tel No/ Mobile:</b>		
<b>Email Address:</b>		
<b>9) Exact Location of occurrence including Sub Location:</b>		
<b>10) Details of occurrence:</b> (Include activity, machinery/equipment involved, chemicals, height of falling object etc)		
<b>11, Light Conditions Good/Poor/Artificial/ Dark/ Bright, N/A</b>		
<b>12, Weather Conditions Rain/ Snow/ Ice/ Dry/ Windy/ Sunny/ Foggy/ N/A</b>		
<b>13) Apparent injuries:</b> (Use manikin on reverse) be specific e.g. third finger right hand dislocated		
<b>14) Treatment given and by whom: Are they a qualified First Aider?</b>		
	<b>Defibrillator used: Yes / No</b>	
<b>15) Was an ambulance/ emergency service called? (Y/N)</b>		
<b>16, Was the injured person taken directly from site to Hospital? If Yes which one?</b>		
<b>17) For under 18's were parents informed?</b>		
<b>18) Did the injured person resume activities/duties?</b>		
<b>19) What caused occurrence?</b>		
<b>20) What action was taken?</b>		
<b>21) Name of Witnesses (if any)</b>		
<b>Addresses:</b>		
<b>Daytime/ Evening Tel No' and/or Mobile Tel No':</b>		
<b>22, Are any images or CCTV details required to investigate?</b>		

**\*PLEASE COMPLETE THE REVERSE OF THE FORM**

**ACCIDENT FORM Page 2**

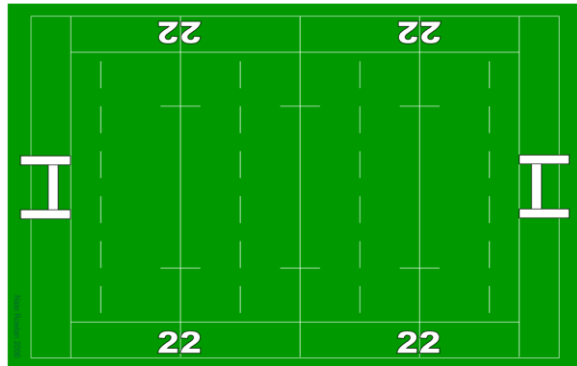
**23) Details of Person Completing Form**

Full Name:	Position/Occupation:
Address:	
Signed:	Date:
Rugby 365 AGP Operations Signature:	Date:

**9) Plan of AGP Areas**

Show location of occurrence with an **X**

AGP



**11) Apparent injuries**

Show location of injuries with an **X**

