



British Gymnastics Incident Report Form

Name of person completing this form	
Exact location of incident	

A. THE INCIDENT CONCERNS

SECTION 1

Gymnast Other Employee Job Title *(if employee)*

First Name
Surname
Address
Postcode
Date of Birth _ / _ / _ _
Work Tel No.
Home Tel No.
Mobile Tel No.
E-Mail

B. DETAILS OF INCIDENT *(use extra sheet if required)*

Date Time AM PM

C. WITNESSES *Attach any witness reports to this form*

1. Name	Address	
Work Tel No	Home Tel No	Mob Tel No
2. Name	Address	
Work Tel No	Home Tel No	Mob Tel No

D. ACTION TAKEN

<i>If medical treatment was required complete accident report and attach to this form</i>

Name			
Signature			
Date			
Additional sheets attached?	YES	NO	
Reported to BG Reporting Officer within 24 hours?	YES	NO	
Was Accident Form completed?	YES	NO	
Report to Emergency Services?	YES	NO	
Reported to HSE?	YES	NO	

SECTION 2