



EFS Triathlon Club Incident Report

Type of treatment required (Please tick relevant definition)		
<input type="checkbox"/> first aid treated injury	<input type="checkbox"/> medically centre treated injury	
<input type="checkbox"/> near miss	<input type="checkbox"/> hospital treated injury	
Incident details		
day:	date:	time:
location:		
Name of athlete involved:		
Injury details (where applicable)		
Signature of injured athlete/ guardian:		
Provide a copy of all relevant paperwork and incident photographs eg medical certificate		
Person making report:	position:	
Witness:	contact no:	
Witness:	contact no:	
Reported to:	time reported:	am/ pm:
Signature of person making report:		
Details (what happened):		
Immediate corrective action taken:		
Preventive action to be taken:		
Effectiveness of actions taken/ date the report was closed out		date: