



CLYDESDALE CRICKET CLUB

MORE THAN 160 YEARS OF TOP QUALITY TEAM SPORT IN GLASGOW

Titwood, 22 Beaton Road, Pollokshields, Glasgow G41 4LA ● 0141 423 1463

File Ref

Notification of Accident

Coach/Member/Visitor

(Please delete whichever is inappropriate)

All questions must be answered

(Complete the appropriate section including C)

To _____

From _____

Date _____

A Complete for Accident to Coaching Staff (including temporary or casual staff)

Name of injured person _____

Job Title _____

Date of Accident _____

Time of Accident _____

Date Reported _____

Time Reported _____

B Complete for Member/Visitor(Delete appropriate)

Name of injured person _____

Home Address _____

Reason for visit to Clydesdale Cricket Club _____

Date of Accident _____

Time of Accident _____

Date Reported _____

Time Reported _____

C (Continued) Where did the accident occur? (Precise Location)

1.1 WAS ACCIDENT DUE TO LIFTING BY HAND? YES NO

IF YES

Total estimated weight of load lifted _____

How many other persons assisted with the lifting? _____

1.2 WAS ACCIDENT CAUSED BY MACHINERY? YES NO

IF YES

The name and type of machine _____

Part causing injury _____

Whether in motion by mechanical power at the time? _____

1.3 WAS ACCIDENT RELATIVE TO A FALL OF PERSONS, MATERIAL, PLANT ETC? YES NO

IF YES

What material? _____

1.4 WAS ACCIDENT CAUSED BY FAULTY PLANT/EQUIPMENT? YES NO

IF YES

What plant/equipment failed? _____

How plant/equipment failed? _____

1.5 WAS ACCIDENT CAUSED BY FAULT OF ANY PERSON? YES NO

IF YES

Name, if known _____

Nature of fault _____

What exactly was the injured person doing at the time of the accident? _____

Was he/she authorised or permitted to do this ? Yes No

Was this a written down procedure? Yes No

If not, was this custom and practice? Yes No

Were general or specific instructions given prior to commencement? Yes No

If so, state what instructions and by whom given _____

1.6 WAS PROTECTIVE CLOTHING OR EQUIPMNT NECESSARY FOR THE ACTIVITY BEING UNDERTAKEN AT THE TIME OF THE ACCIDENT? YES NO

IF YES

Give description of such protection _____

Was it provided? Yes No

When? _____

Was it being used at the time of the accident? Yes No

If no, why? _____

Has the accident been entered in the Club Accident Book? Yes No

1.7 DID INJURED PERSON REPORT TO A FIRST AIDER POST? YES NO

IF YES

At what time _____

Accompanied by anyone? Yes No

If Yes, who? _____

State name(s) of witness(s) _____

Have You

Obtained a statement from each witness? Yes No

If Yes, please attach

Drawn a sketch or taken a photograph showing location and people? Yes No

Kept the offending tool/implement? Yes No

If Yes, what has been kept and where? _____

Signatures

Date _____

Person Completing Form _____

Junior Convenor _____

Please do not delay completing and sending this form and follow up with photographs, sketches and statements as necessary.