

ACCIDENT ACTION FOLLOW UP

1. Has the cause of the accident been investigated? Yes No
- 2 Was the accident due to insufficient training? Yes No
- If yes, has the correct training been given or arranged? Yes No
3. Was the accident due to faulty equipment or facilities? Yes No
- If yes, have steps now been taken to rectify the situation? Yes No
4. On a scale of 1 to 10 what do you rate the likelihood of the accident happening again?
 1 = Never and 10 = often

Please explain what action you have taken to prevent this type of accident occurring again:

Relevant Contact Names, Addresses and Phone Numbers

Name: Address: Tel:	Name: Address: Tel:
Name: Address: Tel:	Name: Address: Tel:

Rounders League Member Completing This Form:

Position in Club

Signed Date

SignedChair/Secretary Date

FOR LEAGUE/FACILITY USE ONLY

Date Form Received:

Action Taken: Copy to parent/carer if a young person was involved

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Signed Date