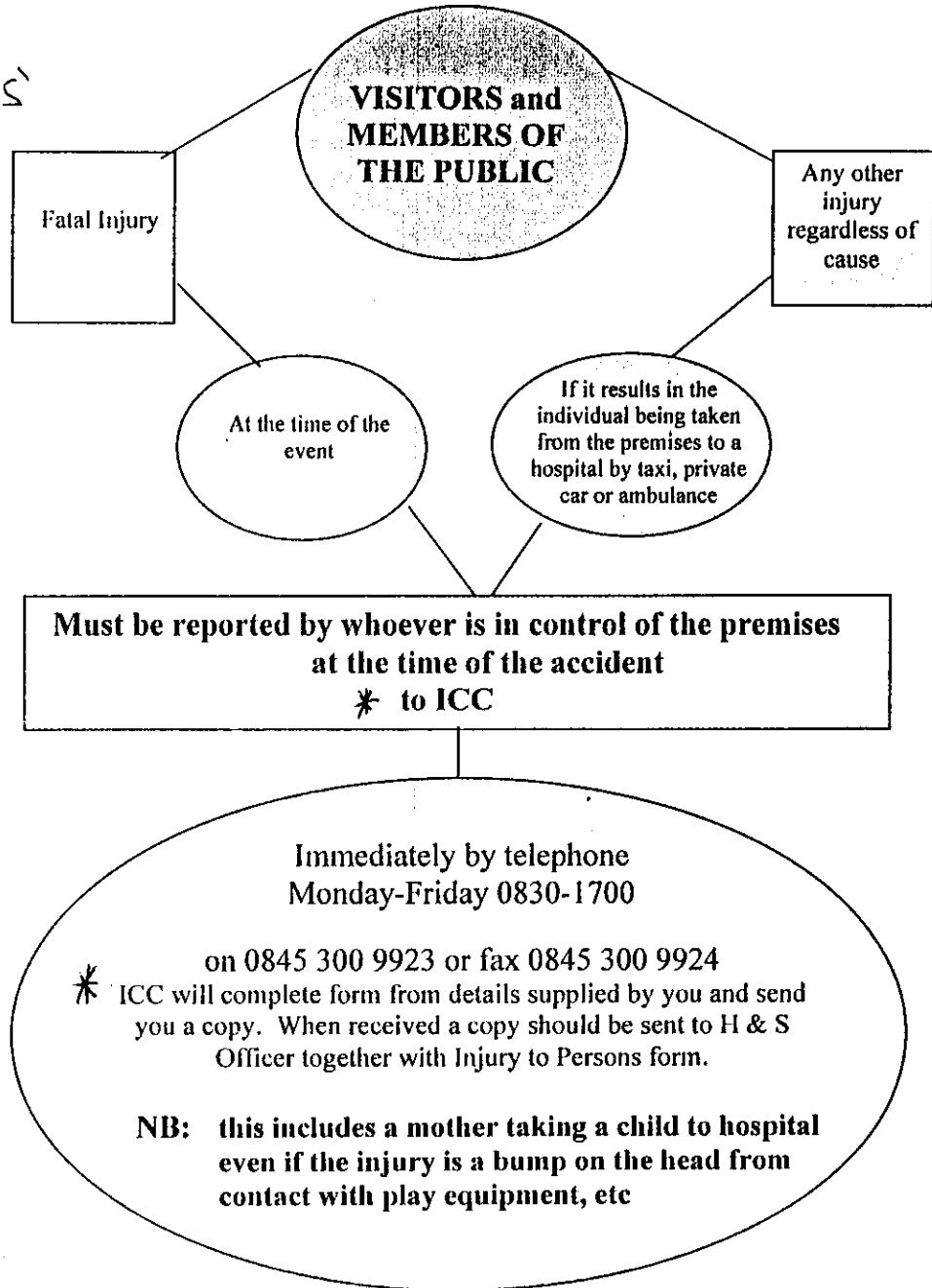


Annex B

21 RIDDOR - PARTICIPANTS/VISITORS AND MEMBERS OF THE PUBLIC

REPORTING INJURIES, DISEASES AND DANGEROUS OCCURRENCES
REGULATIONS 1995 (RIDDOR) - RELATED TO WORK ACTIVITIES OR CLUB
PREMISES - VISITORS AND MEMBERS OF THE PUBLIC

N.B.
INFORMATION
FOR
'INJURY TO PERSONS'
FORM.



* ICC - INCIDENT CONTACT CENTRE
CAERDULLY.
[PART OF THE H.S. E]

**FOR ALL ACCIDENTS, INJURIES, SERIOUS ILLNESS
OR DANGEROUS OCCURRENCES TO PERSONS WHILE
ON SITE (to be completed by the First Aid Marshal)**

Send to: Health and Safety Department, East Grinstead



**For Health and Safety Dept
use ONLY:**

Recorded: cc: Ins

File ref:

Date Report Received

'INJURY TO PERSONS' REPORT FORM

Rally Site Name: _____

Rally Site Address: _____

Post Code _____

Rally Site Telephone No: _____

First Aid Marshal's Name: _____

Home Address: _____

Telephone No: _____

Date of accident: _____

Time: _____

INJURED Member's Name: _____

Membership No: _____

Address: _____

Witness Name: _____

Membership No: _____

Address: _____

Telephone No: _____

Reported to Health and Safety Officer:

Yes

No

PTO

How did the accident happen: _____
(and where) _____

Existing conditions of ground/area: _____

What injuries were apparent to you: _____

What other injuries did person complain of: _____

How did the injured person describe the accident: _____

Who, if anyone, did the injured person blame: _____

Was the injured person taken to hospital:

Yes

No

If Yes, length of stay in hospital: _____

Details of Hospital visit. (eg cut stitched and IP discharged) _____

Injury(s) sustained. (if a major injury see RIDDOR Chart) [this item must be completed] _____

FOLLOW UP ACTION:

(eg on site or by telephone call if injured person does not report to the office)

Date of Completion: _____

Signature: _____

Name:
(block capitals)

NB: The Health and Safety Office will furnish a copy to Insurance Department at EGII

Details of Accident:
(and location) _____

**Existing conditions
of ground/area:** _____

What injuries were apparent to you: _____

What other injuries did person complain of: _____

How did the injured person describe the accident: _____

Who, if anyone, did the injured person blame: _____

Was the injured person taken to hospital:

Yes

No

Length of stay in hospital if [Yes]: _____

Results of Hospital visit, eg, if less than 24 hours, Actual Injury(s) sustained. (if a major injury, see RIDDOR Chart). FOLLOW-UP ACTION, eg on site or by a telephone call if injured person does not report to the office

Reported to ICC:

Yes

Incident No:

No

Comments from Enforcing Authority at time of reporting: (eg, no RIDDOR form required)

Date of Completion: _____

Signature: _____

Name:

(block capitals) _____