ACCIDENT/ INCIDENT
REPORTING FORM

Irish Water Safety
The Long Walk
Galway
1890 420 202 (24 Hrs)
info@iws.ie
www.iws.ie

DETAILS OF INJURED PERSON	
Name:	
Is the injured person: ☐ **IWS Member** ☐ **Student** ☐ **Visitor** ☐ **Contractor**	
Address:	***Parent / Guardian (If Student)***
DETAILS OF ACCIDENT	
Date of Accident: Time of Accident:	
Location:	
Exact area/location where the Accident occurred?	
Describe in detail what the injured person was doing at the time of the Accident and how the Accident occurred?	

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DETAILS OF INJURY

Describe the type of Injury:

Indicate part of the body most seriously injured:

☐ Head, except eyes	☐ Eyes	☐ Neck
☐ Back, spine	☐ Chest	☐ Abdomen
☐ Shoulder	☐ Upper arm, elbow	☐ Lower arm, wrist
☐ Hand	☐ Fingers	☐ Hip joint, thigh
☐ Knee	☐ Lower leg, ankle area	☐ Foot
☐ Toes	☐ Extensive parts of the body	☐ Multiple injuries

Other: ***(Describe)***

Was medical attention administered by:

☐ First Aider
☐ Hospital
☐ Doctor
☐ None Required

Please specify i.e. Name & Medical Practice:

Was there any Witness to the Accident?
Name of Witness:

Address:

Phone Number:

To be filled in cases of Hospitalisation ONLY

Was injured person brought to hospital? ☐ Yes ☐ No

By what means of transport was the injured person brought to hospital?

Who brought the injured person to hospital ?

Name of Hospital:

Was the injured person admitted to hospital (please provide details of ward and length of stay):

What medical treatment was administered?

Is further medical treatment required?

Sign Off I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.

Signature of Accident Reporter:

Signature of Injured Person:

Name of Accident Reporter:

Address of Accident Reporter:

Date of Report: