**Irish Water Safety**

The Long Walk

***ACCIDENT/ INCIDENT***

***REPORTING FORM***

***DETAILS OF INJURED PERSON***

***Name:***

Galway

1890 420 202 (24 Hrs)

info@iws.ie www.iws.ie

***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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***ACCIDENT/ INCIDENT***

***REPORTING FORM***

***ACCIDENT REPORT FORM***

***DETAILS OF INJURY***

***Describe the type of Injury:***

***Indicate part of the body most seriously injured:***

Galway

1890 420 202 (24 Hrs)

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**Head, except eyes**

**Back, spine**

**Shoulder**

**Hand Knee Toes**

**Other: *(Describe)***

**Eyes**

**Chest**

**Upper arm, elbow**

**Fingers**

**Lower leg, ankle area**

**Extensive parts of the body**

**Neck**

**Abdomen**

**Lower arm, wrist**

**Hip joint, thigh**

**Foot**

**Multiple injuries**

***Was medical attention administered by:***  ***Was there any Witness to the Accident?***

***Name of Witness:***

**First Aider**  **Doctor**

**Hospital**  **None Required**

***Address:***

***Please specify i.e. Name & Medical Practice:***

***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:***

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