# *ACCIDENT/ INCIDENT*

## *REPORTING FORM*

***DETAILS OF INJURED PERSON***

*Name:*

**WaterSafety Ireland**

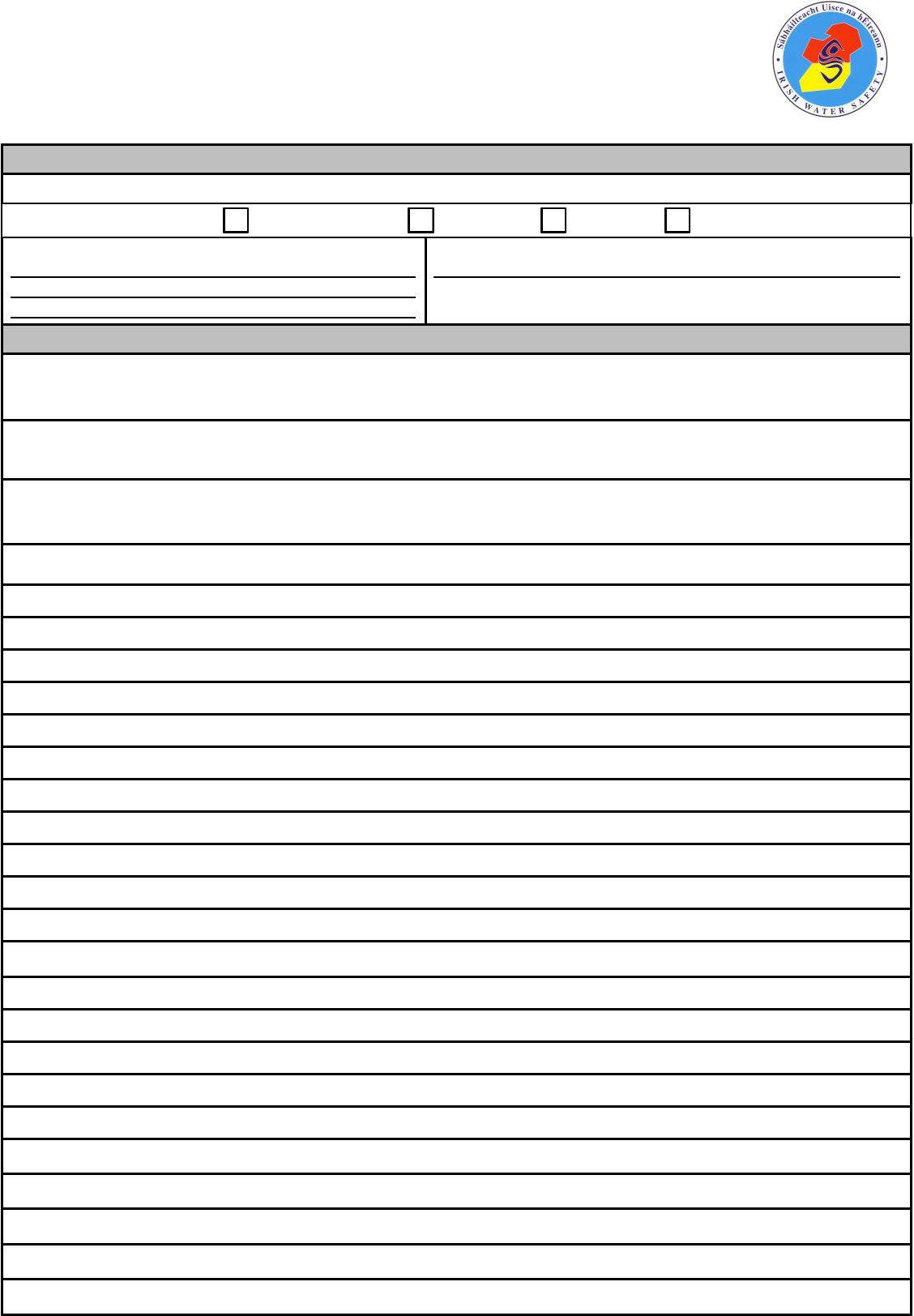
The Long Walk

Galway

(091) 564 400

[www.watersafety.ie](http://www.watersafety.ie/)

[info@wsi.ie](mailto:info@wsi.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:*

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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?*

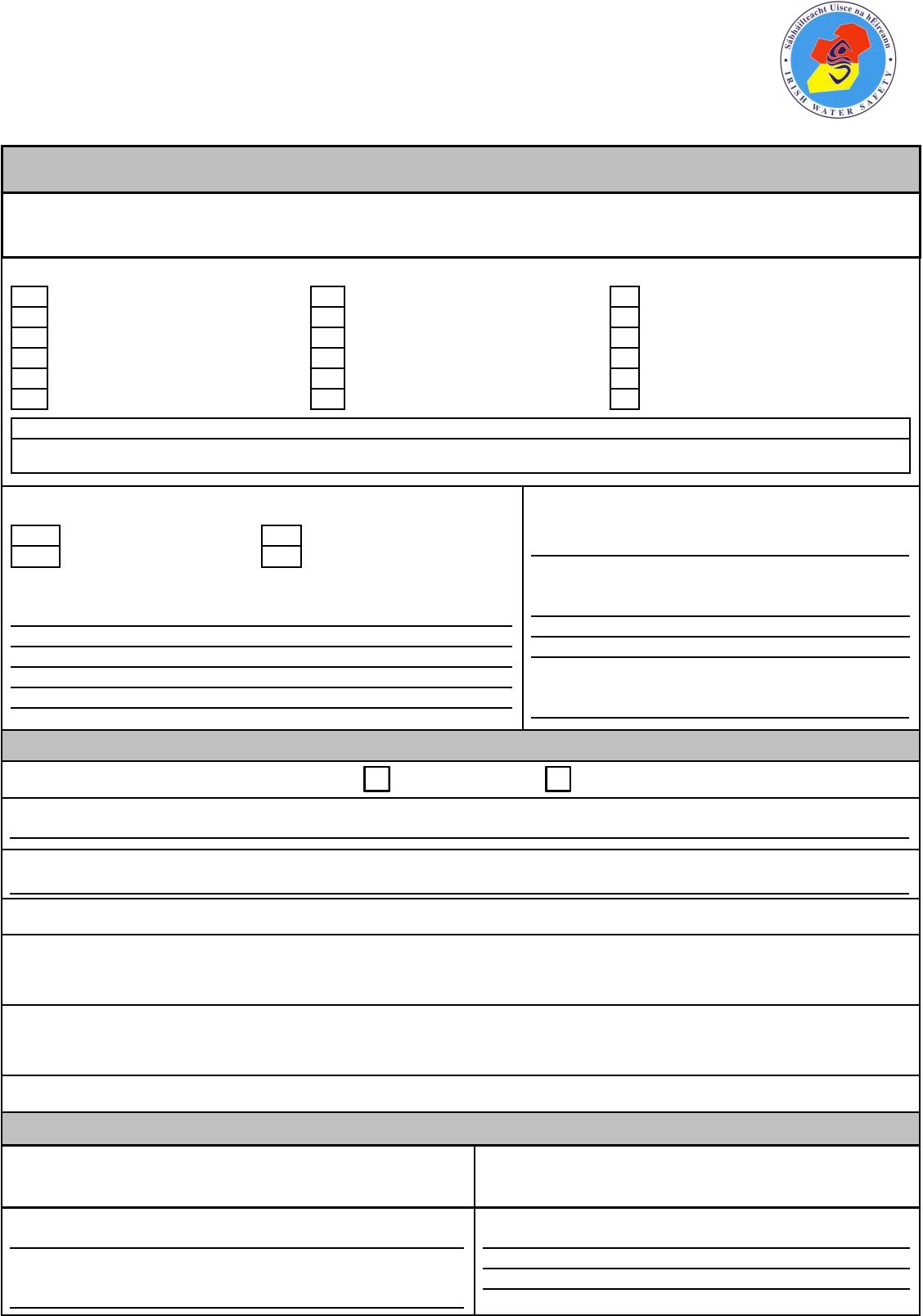
*Name of Witness:*

**First Aider Doctor**

**Hospital None Required**

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

*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:*

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