

Dundalk St. Gerard's Athletic Club

INCIDENT REPORT FORM



This form should be completed whenever an incident ('near miss' but without injury to person, or damage to property) occurs.

Person involved in Incident (if any): _____

Location where incident took place: _____

What activity was carried out when the incident occurred: _____

Circumstances of the incident (description and cause): _____

Steps taken to prevent a reoccurrence of this type of incident: _____

Signature of person completing report: _____ Date: _____

Print name and Position: _____

Signature of Chairman/Secretary: _____ Date: _____

Print name: _____

(Copies of the completed Incident Report Form are to be filed with the secretary of Dundalk St. Gerard's AC and discussed at the next possible committee meeting.)