



RFU System Reference:

ACCIDENT, INCIDENT & NEAR MISS FORM F613D

1) AGP Name:	Time and Date of Alleged Accident/Incident/ Near Miss:	
2) RIDDOR Reported:	Yes / No and Signature:	Staff / Volunteer / Customer / Contractor (Please Circle)
	Ref No:	
3) Full Name:		
4) Gender:		
5) Date of Birth/Age (if under 18)/ Adult		
6) Address and Postcode:		
	Postcode:	
7) Occupation (Employees / Volunteers only)		
8) Day Time/Evening Tel No/ Mobile:		
	Email Address:	
9) Exact Location of occurrence including Sub Location:		
10) Details of occurrence: (Include activity, machinery/equipment involved, chemicals, height of falling object etc)		
11, Light Conditions Good/Poor/Artificial/ Dark/ Bright, N/A		
12, Weather Conditions Rain/ Snow/ Ice/ Dry/ Windy/ Sunny/ Foggy/ N/A		
13) Apparent injuries: (Use manikin on reverse) be specific e.g. third finger right hand dislocated		
14) Treatment given and by whom: Are they a qualified First Aider?		
	Defibrillator used: Yes / No	
15) Was an ambulance/ emergency service called? (Y/N)		
16, Was the injured person taken directly from site to Hospital? If Yes which one?		
17) For under 18's were parents informed?		
18) Did the injured person resume activities/duties?		
19) What caused occurrence?		
20) What action was taken?		
21) Name of Witnesses (if any)		
Addresses:		
Daytime/ Evening Tel No' and/or Mobile Tel No':		
22, Are any images or CCTV details required to investigate?		

***PLEASE COMPLETE THE REVERSE OF THE FORM**

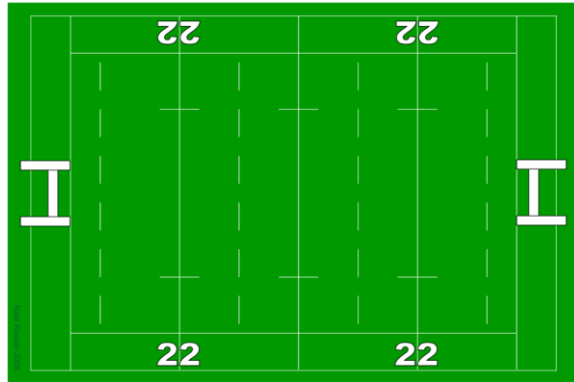
23) Details of Person Completing Form

Full Name:	Position/Occupation:
Address:	
Signed:	Date:
Rugby 365 AGP Operations Signature:	Date:

9) Plan of AGP Areas

Show location of occurrence with an **X**

AGP



11) Apparent injuries

Show location of injuries with an **X**

