



E Details of injury

F Details of property damage

G Witnesses (if available) Please give names, addresses and telephone numbers

| | | |
|----------|----------|----------|
| 1 | 2 | 3 |
| | | |

H Have any relevant risk assessments been reviewed or instigated? **YES** **NO**

I Declarations

(a) Insured member (as Section A – reporting person):

.....

Date:

Position in club/Association (e.g. medical/coach/referee/organiser):

.....

(at time of the incident)

(b) Injured party (as Section D):

.....

Date:,,,,,,.....



British Aikido Association
**Health and Safety
Accident/incident report form**

(c) BAA (CLO):

| | | |
|--|-----|----|
| Is the injured party a current Association member? | Yes | No |
| Did the accident take place whilst participating in approved activity? | Yes | No |
| Do you confirm all the above information is correct to the best of your knowledge? | Yes | No |

If any answers are stated as 'no', please explain

..... Date:

For BAA office use only

| | | |
|---|-----|----|
| Are there any Association-wide considerations | Yes | No |
| Any recommended actions: | | |

Date information forwarded to Bluefin Insurance: Date:

Please forward completed form to:-

BAA Club Liaison Officer Paul Holding.
clo@aikido-baa.org.uk

or by post to:-
Paul Holding, 31 Woodland Road, Ellesmere Post, South Wirral, Cheshire, CH65 6PN

For advice and guidance please contact:-
Tel 0151 355 6605

