

# INLAND WATERWAYS ASSOCIATION

## ACCIDENT REPORTING FORM



<b>1 About the person who had the accident</b>		
Name:		
Address (including postcode):		
Occupation:		
<b>2. About you, the person filling in this record</b>		
Name:		
Address (including postcode):		
Occupation:		
<b>3. About the accident</b> Continue on back of this form if you need to		
Say when it happened:	Date:	Time:
Say where it happened. State which room or place:		
Say how the accident happened. Give the cause if you can:		
If the person who had the accident suffered an injury, say what it was:		
Please sign the record and date it:	Signature:	Date:
<b>4 For Head Office only</b>		
Action Taken:		
Circulated to IWA Trustees:		
<b>5. Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR):</b>		
How was it reported?		
Date Reported:	Signature:	

**Please send completed forms to:  
IWA Volunteers Team, Island House, Moor Road, Chesham, HP5 1WA  
or email [jenny.morris@waterways.org.uk](mailto:jenny.morris@waterways.org.uk)**

Reference No: