



Health & Safety Reporting Form – Near Miss or Incident

Section 1 - Near miss or Incident
Please state why you consider this to be a near miss:
Please state what happened:
Athletics Activity Type : (e.g. Road Running, Cross Country, etc)
Meeting Title/Training Venue/Event Name/Club Name:
Lead Person/Organiser:
Venue Address:
Venue Postcode:
Event: (Competition, Training, Other)
Date of Incident:
Time of Incident:
Site of Incident:
Section 2 - Reporting Person Details
Contact Name:
Contact Address:
Post Code:
Email Address:
Phone Number:
Your Role Status: (e.g. Competitor, Spectator, Coach, etc)
Section 3 - Declaration
I declare that the Information provided is accurate
Your Name and date :
Please submit to Club Secretary