



Irish Tenpin Bowling Association



Irish Tenpin Bowling Association | Irish Sports HQ (NGB Building) | National Sports Campus | Abbotstown | Dublin 15
(E) secretary.executive@tenpinbowling.ie (W) www.tenpinbowling.ie

ACCIDENT/INCIDENT REPORT FORM.

Date of Accident/Incident: _____

Coach/Volunteer in attendance: _____

INJURED PARTY

Name: _____

Address: _____

ACCIDENT/INCIDENT DETAILS

Form completed by: _____

Date of Accident/Incident: _____

Location of Accident/Incident: _____

Time of Accident/Incident: _____

Please give full details of

Accident/Incident e.g. Training/event _____

Name & contact details of witnesses: _____

First Aid Involved:

Yes No

Were any of the following contacted:

Garda

Ambulance



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ACCIDENT/INCIDENT REPORT FORM.

Parent/Carer informed: Yes No

If yes state by whom and when? _____

Was the Child Protection Officer informed: Yes No

CPO Signature: _____

Is there any further action to be taken? Yes No

If yes, please give details. _____

All of the above facts are a true record of the accident/incident.

Signed: _____

Name (Print name) _____

Position held within ITBA: _____

In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form.