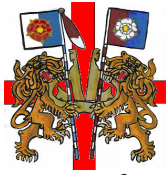


Wars of the Roses Federation



www.wotrf.org

Initial Report of Incident Form

Instructions: Use this form to report all event related injuries, or “near miss” incidents (which could have caused an injury) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries.

You are Reporting : <input type="checkbox"/> Injury <input type="checkbox"/> Near miss	
Your Name:	
Group:	
Group Representative:	
Have you informed your representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss: Time of injury/near miss:	
Names of witnesses (if any):	
Where, exactly, did it happen?	
What activity (e.g. chopping wood, combat etc.) at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, what possible injury could have occurred?	
Was medical assistance required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from whom?
Date:	Time:
Your signature:	Date: