

Fife u3a Accident/Incident Report Form

Please use blank page overleaf if the space below is not sufficient.

Name and address of member:	
Name and address of others involved:	
Date of accident/incident:	Time:
Location:	
Nature of accident or incident or the circumstances:	
Injury detail and/or Property damage:	
Witnessed by:	
Address:	
Telephone number/email	
Action taken:	
Was any specialised assistance required at the scene? If so, give details:	
What medical advice was sought afterwards? If any, give details:	
Signed: (Group Leader):	Dated:
Telephone number/email:	

The form should be sent to the Committee member responsible for Health and Safety or to the Chair of Fife u3a at chair.fifeu3a@gmail.com. It will be kept for 3 years after the date of the incident.

Revised Jan 2026