



### 3. PARTIES INVOLVED

- **Name of Affected Party/Parties:**

1. \_\_\_\_\_
2. \_\_\_\_\_
- 

- **Role (e.g., Group Member, Group Leader, Visitor, Speaker):**

1. \_\_\_\_\_
2. \_\_\_\_\_

- **Contact Information (Phone/Email):**

1. \_\_\_\_\_
2. \_\_\_\_\_

- **Witness(es):**

**Name(s):**

1. \_\_\_\_\_ Contact Details \_\_\_\_\_
2. \_\_\_\_\_ Contact Details \_\_\_\_\_
3. \_\_\_\_\_ Contact Details \_\_\_\_\_

### 4. INJURIES *(Complete only if applicable):*

**Injuries:**

- Minor
- Moderate
- Severe
- Fatal

Description: \_\_\_\_\_  
\_\_\_\_\_

**Actions Taken:**

- **First Aid Administered:**  Yes  No
- **Medical Treatment Provided:**  Yes  No (If yes, provide details below)
  - Treatment delivered at scene
  - Transferred to hospital
    - Admitted  Discharged

○ Medical Facility : \_\_\_\_\_

○ Date of Treatment: \_\_\_\_\_

**Property Damage:**

○  Yes

○  No

○ Description of Damaged Property and Potential Costs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Police Involved:**  Yes  No

○ Police Report Number: \_\_\_\_\_

**6. Root Cause Analysis:**

*(Provide any initial observations or findings regarding the causes of or contributing factors to the incident. Please remain objective. )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Corrective Actions:**

*(Describe any immediate corrective actions or follow-up steps to prevent recurrence of the incident.)*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**8. Signature and Acknowledgement:**

I/We declare that to the best of my/our knowledge and belief all the foregoing details are true and correct in all respects.

- **Reported by (Name & Title):** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**9. Committee Review**

- Meeting Date \_\_\_\_\_
- Risk Rating (RAG)    RED     AMBER     GREEN
- Any Further Actions Required? Yes  (Describe below)    No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Further comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chester u3a Incident report.docx	Based on Doc u3a KMS-FRM-001 - Role Description – Incident Report Form V.2 (2021)	Accepted by Chester u3a Committee
V1.0		April 2026