

GARSTANG CYCLING CLUB INCIDENT REPORT FORM

TIME AND DATE OF INCIDENT.....

LOCATION OF INCIDENT.....

NAME OF PERSON INVOLVED.....

IS ABOVE PERSON A MEMBER OR GUEST RIDER (*please specify*).....

DESCRIPTION OF INCIDENT (*use space below*)

DETAILS OF ANY INJURY.....

HOSPITAL/DOCTOR ATTENDED (*if applicable*).....

NAME OF RIDE LEADER AT TIME OF INCIDENT.....

ANY OTHER COMMENTS.....

COMMENTS OF CLUB SAFETY OFFICER (*to include whether or not there is a training requirement or an amendment to the risk assessment document is deemed necessary*)

DATE FINALISED.....