

York City Baths Club Accident / Incident Record

Care should be taken to include as much detail as possible (Page 1 of 2)

ACCIDENT / INCIDENT

Place

Date/Time

Circumstances

Has blame been apportioned? Yes / No If yes, state by whom and in what circumstances.
*Note - it is **not** the responsibility of the Club to make further enquiries with a view to apportioning blame.*

Please outline any implied or actual threat of legal action arising out of the incident.

DETAILS OF INJURED PERSON

Name

Address

Age

Telephone Number

Occupation

WITNESSES *(if available)*

Name

Address

Name

Address

York City Baths Club

Accident / Incident Record

Care should be taken to include as much detail as possible (Page 2 of 2)

DETAILS OF PROPERTY DAMAGE

Name

Address

Telephone Number

Full Details of Damage

ANY ADDITIONAL INFORMATION

Further comments / opinion. *(Additional sheets should be attached if required.)*

If appropriate, please use this space for a diagram of the incident.

DETAILS OF THE PERSON COMPLETING THE ACCIDENT BOOK

Name

Position in Club

Address