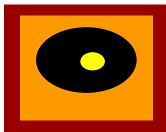

Wrexham Brymbo Squash Club

Notification of Accident / Injury at Squash Club

Name of Injured Person		Address	
☎ Home		☎ Mobile	
Date		Time	

Location	

What type of Accident ? [Please tick appropriate box]

Contact with electricity or discharge		Contact with moving machinery	
Chemical / Substance injury		Drowned or asphyxiated	
Exposed to fire		Fell from a height	
Hit by moving, falling or flying object		Hit by moving vehicle on car park	
Hit by something fixed or stationary		Injured when handling / lifting / carrying	
Physically assaulted by a person		Slipped, tripped or fell on same level	
Trapped by something collapsing		Disease related	
Any other kind of accident		(please state}	

Which category of Accident ?

Superficial		Minor	
Taken off site for treatment		Serious	
Fatality		Disease	
Other		(please state)	

Part(s) of Body involved ?

Arm		Back	
Eye		Foot	
Hand		Head	
Leg		Neck	
Shoulder		Torso	
Other		(please state)	

What actually happened ? (continue on separate sheet if necessary)

Were there any witnesses ? (If so please give their contact details)

Name	Contact details
1.	
2.	

Could anything be (or has anything been) done to prevent such an incident re-occuring ?

Did the injured person attend hospital ?	**Yes**		**No**	

If so, which hospital ?	
Was he /she detained and, if so, for how long ?	
Signature and Date:	

Please return the completed form to the Club Secretary as soon as possible. Thank you.