



BLDSA Safety Incident Reporting Form

This form is to be used for the recording of general safety incidents/near misses. Separate forms exist for medical incidents, and for child & vulnerable adult protection incidents. Please return to the race controller on completion.

EVENT DETAILS

Event name: _____

Date: _____

INCIDENT DETAILS

Time of incident: _____

Location of incident: _____

Is this a: Actual incident Near miss

Description of incident: _____

What immediate steps were taken to manage the incident? _____

Were any injuries sustained as a result of the incident? Yes No

If yes, please complete medical incident record forms for each injured person

REPORTER DETAILS

Name: _____

Role: _____

Signature: _____