



Rainhill Town Football Club

Established 1970

Club Chairman: Neil Thompson

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HEALTH & SAFETY INCIDENT LOG RECORD

1. Basic Details

- Incident Reference Number:
- Date of Incident:
- Time of Incident:
- Location:

2. People Involved

- Name of Injured Person / Person Involved:
- Age (if under 18):
- Role (player, coach, volunteer, spectator, visitor):
- Contact Details:
- Parent/Guardian Notified? (if under 18): Yes / No
- Witnesses (names and contact details):

3. Description of Incident

- **What Happened:**
(Provide a factual, step-by-step account. Avoid opinions or assumptions.)

- **Activity Taking Place at the Time:**

- **Immediate Cause (if known):**

4. Injury / Damage Details

- **Type of Injury (if any):**
(e.g., sprain, cut, concussion symptoms, bruising)
- **Body Part Affected:**
- **Was First Aid Given?** Yes / No
- **First Aider Name:**
- **Treatment Provided:**
- **Was Emergency Services Assistance Required?** Yes / No
- **Was the Person Taken to Hospital?** Yes / No

5. Equipment or Property Involved

- **Equipment Used at the Time:**

- **Condition of Equipment:**

- **Any Damage Caused:**

6. Immediate Actions Taken

- **Actions to Make Area Safe:**
- **Session Stopped or Continued:**
- **Who Was Informed (coach, welfare officer, committee, venue staff):**
- **Safeguarding Considerations (if under 18):**

7. Follow-Up Actions Required

- **Repairs or Maintenance Needed:**
- **Review of Risk Assessment Needed:** Yes / No
- **Additional Training Required:**
- **Parent/Guardian Follow-Up (if under 18):**

- **Date Follow-Up Completed:**

8. Reporting

- **Reported By (name and role):**
- **Date Report Completed:**
- **Signature:**
- **Reviewed By (H&S Officer / Committee Member):**
- **Review Date:**
- **Review Signature:**

Guidance for Use

- Complete the form **as soon as possible** after the incident.
 - Keep descriptions factual and objective.
 - Store completed records securely for data protection compliance.
 - Review incidents regularly to identify patterns or risks that need addressing.
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