

THE SHOWMEN'S GUILD OF GREAT BRITAIN ACCIDENT/INCIDENT REPORT FORM

FOLLOWING AN ACCIDENT OR INCIDENT INVOLVING A MEMBER'S EQUIPMENT, THE MEMBER MUST:

- 1) REPORT THIS TO THE LOCAL SECTION SECRETARY WITHIN 36 HOURS (RULE 21 (o)),**
- 2) IF APPROPRIATE, REPORT TO THEIR INSURERS AS SOON AS POSSIBLE,**
- 3) COMPLY WITH STATUTORY REPORTING REQUIREMENTS – SEE HSE HSG175 (RIDDOR) SECTIONS 30-31 and 305-308**

- Member's Name: Membership No.: _____
- Name of Device: Registration No.: _____
- Details of Test Certificate (D.O.C.):
 - Expiry Date: _____ (b) D.O.C. No.: _____
 - Engineer's Name: _____
- If mechanical failure involved, date and time you advised Inspecting Engineer of accident/incident: _____
- Are all parts of the device, as far as can be ascertained (to be completed by the Inspecting Engineer, where appropriate):-
 - Of good mechanical construction, sound material and adequate strength? _____ YES/NO
 - Was properly maintained and in good working order? _____ YES/NO
- Location at which accident/incident occurred: _____
- Date and time of accident/incident: _____
- Date and time you advised the relevant Section Office: _____
- Details of injured person(s): _____
 - Surname(s): _____
 - Forename(s): _____
 - Was he/she
 - At work as an employee? YES/NO YES/NO
 - A member of the public? YES/NO YES/NO
 - A showman? YES/NO YES/NO
- Age of person(s) injured: _____
- Address: _____

- Occupation: _____
(if member of the public)

10. Was the injury fatal? YES/NO YES/NO

11. Was he/she treated in hospital? YES/NO YES/NO

If so, which hospital? _____

12. Give a full account of the accident/incident, explaining as far as possible, how it happened and how those injured received their injuries. State what the casualty was doing at the time, and if he/she fell, how far? State whether the device was in motion at the time. State the nature of the injury.

13. Was the Health and Safety Executive notified? YES/NO

If yes, state office notified and at what time: _____

14. Did a Factory Inspector inspect the device after the accident/incident?
YES/NO If yes, give his name plus date and time of the inspection:

15. Did the police attend the accident/incident? YES/NO

If yes, give name(s), rank(s) and Police Station:

16. Was the device closed? YES/NO

If yes, state by whom, at what time and for how long.

Give reason for closure:

17. Was a Prohibition or Stop Notice served? YES/NO

If yes, state serial number and name of issuing officer (enclose a copy, if possible):

18. Signature: _____

Name: _____

(Block Capitals)

Date: _____ Time: _____