



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 (RIDDER) SECTIONS 30-31 and 305-308

1. Member's Name: Membership No.: _____
2. Name of Device: Registration No.: _____
3. Details of Test Certificate (D.O.C.): _____
(a) Expiry Date: _____ (b) D.O.C. No.: _____
(c) Engineer's Name: _____
4. If mechanical failure involved, date and time you advised Inspecting Engineer of accident/incident: _____
5. Are all parts of the device, as far as can be ascertained (to be completed by the Inspecting Engineer, where appropriate):-
(a) Of good mechanical construction, sound material and adequate strength? YES/NO
(b) Was properly maintained and in good working order? YES/NO
6. Location at which accident/incident occurred: _____
7. Date and time of accident/incident: _____
8. Date and time you advised the relevant Section Office: _____
9. Details of injured person(s): _____
 - a. Surname(s): _____
 - b. Forename(s): _____
 - c. 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
 - d. Age of person(s) injured: _____
 - e. Address: _____
 - f. 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 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: _____