

TAEKWONDO CHUNGDO KWAN GREAT BRITAIN



ACCIDENT BOOK

| | |
|------------------|--|
| Club Name | |
| Venue Address | |
| Chief Instructor | |



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TCGB Accident Guidelines

Enclosed in this booklet are documents provided by British Taekwondo, the National Governing Body for WTF Taekwondo in the UK to which we affiliate. They outline the responsibilities of instructors for first aid provision as well as for accident recording and reporting.

Please use the British Taekwondo accident form to record injuries sustained at your club and follow the procedures outlined by British Taekwondo for reporting serious injuries. The British Taekwondo contact for insurance claims and reporting accidents is Graham Preece and his contact details can be found on the British Taekwondo website (www.britishtaekwondo.org.uk).

Graham Preece
66 Wychdell
Stevenage
SG2 8JD

Tel: 01438 221683
graham.preece@britishtaekwondo.org

TCGB recommend you keep the accident forms together with these guidelines. This PDF can be printed as an accident book and additional accident forms can be added.

This accident book will be available on the Education page of the TCGB website as a PDF. If any additional information is circulated from British Taekwondo this will be forwarded to instructors and the PDF of the accident book will be updated online.

www.chungdokwan.org.uk/education.html

- To comply with insurance cover, every time there is an accident at your club where someone is injured you must record the details. Please use the **British Taekwondo Internal Accident Report Form**. All accidents/incidents must be recorded, even if they do not appear very serious at the time. You must also record accidents/incidents that occur at organised club activities outside of regular training (e.g. gradings).
- Serious accidents must be reported to British Taekwondo and the HSE/LA as soon as possible; see the guidance from British Taekwondo (below). Use the guidelines outlined by British Taekwondo for what is considered a serious accident. If you are in doubt of what to do in the event of an accident/incident then please contact Graham Preece.
- Accident forms should be kept indefinitely. Further copies of accident forms can be obtained from the British Taekwondo website.
- If an accident form is not available at the time of the incident, ensure that the relevant details are recorded and make sure these are transferred to an accident form as soon as possible thereafter.
- It may not necessarily be the same person completing the accident forms, but each club should have a nominated individual that keeps the forms.

Last updated July 2012 by Natalie Mestry, TCGB Education Officer.



HEALTH & SAFETY POLICY (PART 3) ©
 GUIDANCE NOTE N^o 1: FIRST AID PROVISION
GUIDANCE NOTE TO BT INSTRUCTORS

Training in Taekwondo takes place in three types of premises:

1. Isolated halls e.g.: schools, churches, and community halls.
2. Leisure Centres.
3. Dedicated Dojang. (Premises own by the Instructor)

In all three cases, the Instructor will have to assess what first aid arrangements are in place and/or what should be provided.

Isolated Halls

Instructors often rent a school, church or community hall for use outside its normal activities. The Instructor may be left in charge of the premises. First aid facilities may or may not be provided or be available for use.

Leisure Centres

Premises rented by Instructor as part of the normal activities of the Leisure Centre, should have first aid equipment and a first aider available at all times as part of their Health and Safety Policy.

Dedicated Dojang

The Instructor owns the premises and will have to assess and provide first aid facilities and equipment.

DUTIES OF THE INSTRUCTOR:

The Instructor in charge of a training session/class must ensure that the following are in place at the start of the session/class:

1. Fully equipped first aid box.
2. A competent person available, to allow first aid to be administered without delay
3. Telephone

Minimum contents of first aid box

Please note that the under-mentioned quantities are only a guide and a minimum to be provided. An assessment may determine that a greater number of each of the items is needed.

| Item | Quantity |
|---------------------|----------|
| Guidance leaflet | 1 |
| Sterile plasters | 20 |
| Sterile eye pads | 2 |
| Triangular bandages | 4 |
| Safety pins | 6 |
| Medium dressings | 6 |
| Large dressings | 2 |
| Gloves (pairs) | 2 |

The Instructor may conclude from his/her assessment that additional equipment could be needed and included:

- Scissors
- Adhesive tape
- Individual wrapped moist wipes
- Sterile water (eye irrigation).
- Smelling salts
- Etc.....

The “competent person”

The competent person must hold a minimum knowledge and qualification in First Aid.

In the case of isolated halls and dedicated dojang used for training, Instructors are advised to contact their local St John Ambulance, St Andrews Ambulance or Red Cross to discuss the need for someone to be trained in first aid.

In the case of leisure centres that provide first aid cover, the Instructor should obtain a copy of the First Aider’s certificates (or, as a minimum, written confirmation of the first aid arrangements from the management). It is also recommended that the Instructor carry out a random check on the content of the first aid boxes provided by the Leisure Centre. It is, however, good practice for the taekwondo club to have members trained in first aid and to provide them with the required first aid box.

Telephone

Access to a telephone must be provided at all times during the training session. The emergency telephone number must also be readily available (usually displayed on the first aid box).

Note: A qualified First Aider is not a medical expert and is only permitted to administer what is often referred to as “water treatment only”. He/she will have sufficient knowledge to decide upon further action to be taken in the event of an accident (e.g., contacting the emergency services).



First aid equipment(Recommendations only) ©

Recommended contents for a standard first aid box.

| Item | Number of persons to cover | | | |
|-----------------------|----------------------------|-------|-------|--------|
| | 1-10 | 11-20 | 21-50 | 51-100 |
| Guidance leaflet | 1 | 1 | 1 | 1 |
| Sterile plasters | 20 | 40 | 60 | 100 |
| Sterile eye pads | 2 | 4 | 6 | 8 |
| Triangular bandages | 4 | 6 | 8 | 10 |
| Safety pins | 6 | 12 | 12 | 12 |
| Medium wound dressing | 6 | 9 | 12 | 14 |
| Large Wound dressing | 2 | 3 | 4 | 6 |
| Cleansing wipes | 10 | 10 | 20 | 40 |
| Disposable gloves | 1 | 2 | 3 | 5 |

These are recommended contents only. An assessment may conclude some additional materials or equipment would be useful, e.g. scissors, adhesive tape etc. These could be stored in the first-aid box, or alternatively in a separate box kept by the first-aider if this is more convenient. Basic equipment must always be available for use at all times.

First aider requirement

| Category | Number of students | Suggested Number of First Aider |
|--------------------|---|--|
| Low Risk | Fewer than 50 | One first Aider |
| | 50-100 | At least one First Aider |
| | More than 100 | One additional First- Aider for every 100 more. |
| Medium Risk | Fewer than 20 | One first Aider |
| | 20-100 | At least one First-Aider for every 50 more |
| | More than 100 | One Additional First-Aider for every 100 more |
| High | Fewer than 5 | One first Aider |
| | 5-50 | At least one First-Aider |
| | More than 80 | One additional First-Aider for every 80 more. |
| | Where there are hazards for which additional first-aid skills are necessary | In addition at least one First-Aider trained in the specific emergency action. |



GUIDANCE NOTE TO INSTRUCTORS FOR REPORTING OF ACCIDENTS TO BT, HEALTH & SAFETY EXECUTIVE (HSE) & LOCAL AUTHORITIES (LA).

REPORTING ACCIDENTS TO BT.

Using the BT accident report form

The BTCB needs to assess the number and the type of accidents/incidents that may occur whilst training in taekwondo. Reporting accidents will also help BT to analyse the statistics on a yearly basis and, from the findings, provide instructors with recommendations for the reduction or control of the frequency of accidents.

A specific '*BT Accident Reporting Form*' is available for all instructors to report accidents to BT. Although minor instances (like a bruise) may not be considered as an accident, the type of accident/incident to be reported to BT must follow the list provided in section 2 ('*HSE - Local Authorities*'). The form should be duly completed and returned within three days.

A copy of the BT form is on the BT web site and can be completed and forwarded electronically.

Please note that all accident report forms will be assessed and, if necessary, the instructor will be contacted to be provided with further advice/guidance/assistance. **All accidents must also be reported to BT in the usual way through Membership Services and you should contact Graham Preece in writing at 66 Wychdell, Stevenage, SG2 8JD.**

OTHER REPORTING DUTIES

Reporting to the HSE - Local Authorities.

The duty to report an accident as defined in the Regulations will fall on the following person(s):

Rented premises

The manager/owner of the premises will have a duty to investigate and, if deemed necessary, report an accident to the HSE/LA. The instructor in charge of the training session must also be provided with a copy of the investigation and receive confirmation from the manager/owner that the accident has been reported to the relevant authority.

Note: The Manager/Owner will know the reporting procedures and the type of accident/incident to be reported, as defined in the regulations.

Dedicated Dojang

The duty to report an accident to the HSE/LA will be that of the instructor in charge. This must be done without delay and, if possible, by telephone.

The reporting of an accident/incident will very much depend upon the seriousness of the accident. As guidance only, the following types of accident/incident should be reported:

- Fatal accident.
- Serious injury to eye(s)
- Broken limbs (not fingers/toes)
- Dislocation of the shoulder, hip, knee or spine
- Student sent immediately to hospital
- Student kept in hospital for more than 24 hrs
- Unconscious for a period of time requiring immediate medical attention (not including KO) and/or the need for resuscitation
- Injury to member of the public taken from the scene of the accident to hospital
- Electric shock.
- Fire requiring intervention from the local fire station

- Exposure to dangerous substances

HOW TO CONTACT THE HSE/LA

An accident can be reported via a telephone or on-line using the HSE web site.

- **HSE** Tel. : 0845 300 99 23 or on the required form used to report an accident (available online; RIDDOR/HSE form 2508)
- **Local Authorities** Details of contact will depend on location.

Recommendations

Many instructors may be concerned as to what to do in the event of an accident/incident. If in doubt, please contact Graham Preece.

It should also be kept in mind that the HSE and the LA are also employed to assist, help and guide us to comply with our statutory duties and there is no harm in contacting them direct for support! In any event it is good practice to '*over-report*' rather than take a chance and '*under report*'.

Please remember that accidents must still be reported to BT and the insurers as previously.

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|------------------|-------------------------------|---------------------------------|--|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| | | BTCB Licence No. | | Grade | |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|--|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Name of first aider | | | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| When was HSE contacted? (date& time)? | | | | | |
| HSE telephone number | | | | | |
| Name of Witness 1 | | Tel No. | | | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? | | |
| Name of Witness 2 | | Tel No. | | | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? | | |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Name, address & tel. No. of person sending report form | | | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|--|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Name of first aider | | | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| When was HSE contacted? (date& time)? | | | | | |
| HSE telephone number | | | | | |
| Name of Witness 1 | | Tel No. | | | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? | | |
| Name of Witness 2 | | Tel No. | | | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? | | |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Name, address & tel. No. of person sending report form | | | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

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| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

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| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|------------------|-------------------------------|---------------------------------|--|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| | | BTCB Licence No. | | Grade | |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|--|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Name of first aider | | | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| When was HSE contacted? (date& time)? | | | | | |
| HSE telephone number | | | | | |
| Name of Witness 1 | | Tel No. | | | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? | | |
| Name of Witness 2 | | Tel No. | | | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? | | |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Name, address & tel. No. of person sending report form | | | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |

BRITISH TAEKWONDO Internal Accident Report Form

CLUB/instructor

| | | | | | |
|-----------------------|--------------------------------|---------------------------------|------------------|-------|--|
| Name of club | | Club No. | | Area | |
| Instructor's name | | BTCB Licence No. | | Grade | |
| Instructor's Tel. No. | | e-mail address | | | |
| Premises | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <i>Click one</i> | | |

INJURED PERSON

| | | | | | |
|----------|--|----------------|-------------------------------|---------------------------------|------------------|
| Surname | | Forename | | | |
| Age | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | BTCB Licence No. |
| | | | | | Grade |
| Tel. No. | | e-mail address | | | |

Accident

| | | | | | |
|---|--|------------------------------|-----------------------------|--|--|
| Date of accident | | Time of accident | | | |
| Place of accident | | | | | |
| Details of accident (How did it happen?) | | | | | |
| Details of injury (Include part of body) | | | | | |
| Was the injured conscious after the accident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

GENERAL INFORMATION

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Was first aid treatment administered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured sent to hospital/doctor? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of first aider | | | |
| Name of hospital/doctor | <i>(If applicable)</i> | | |
| Was injured detained in hospital? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was injured detained for more than 24 hrs? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Health & Safety Executive (HSE) been informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When was HSE contacted? (date& time)? | | | |
| HSE telephone number | | | |
| Name of Witness 1 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Name of Witness 2 | | Tel No. | |
| Written statement taken & available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Who took statement? |
| Does the accident require further/more detailed investigation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name, address & tel. No. of person sending report form | | | |