Kelvin Players Theatre Company

**Accident Report Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **About the person who had the accident** | | | | | | | | |
| Name: |  | | | | | | | |
| Address: |  | | | | | | | |
|  | | | | | | | | |
|  | | | | Postcode: | | |  | |
|  | | | | | | | | |
| 1. **About you, the person filling in this record (if different)** | | | | | | | | |
| * *If* you *did not have the accident write your name, address and position* | | | | | | | | |
| Name: |  | | | | | | | |
| Address: |  | | | | | | | |
|  | | | | | | | | |
|  | | | | Postcode: | | |  | |
|  | | | | | | | | |
| 1. **About the accident** *(continue on the back of this form if you need to)* | | | | | | | | |
| * When did it happen? Date | | | / / | | | Time: | |  |
| * Where did it happen (state which room or place) | | | | | |  | | |
|  | | | | | | | | |
| * How did it happen? (Give the cause if you can) | | | | | |  | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| * If the person who had the accident suffered any injury please say what it was | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| * Please sign the record and date it | | | | | | | | |
| Signature | |  | | Date | / / | | | |

*continue overleaf if necessary*

**Please pass this to the Chair** ([chair@kelvinplayers.co.uk](mailto:chair@kelvinplayers.co.uk))**, Committee Secretary** ([secretary@kelvinplaers.co.uk](mailto:secretary@kelvinplaers.co.uk)), **or to the Company Health & Safety Officer** ([tmreid80@mw.com](mailto:tmreid80@mw.com))