



Incident / Near Miss Report Form

Incident/Accident: or Near miss:

Club Name: _____

Person Affected/Injured Details

Name: _____ Age: _____

Home Address: _____

_____ Post Code: _____

Occupation: _____ (e.g. student / job role / unemployed)

Member of YFYFC (circle applicable): Yes / No Membership No.: __/__/__

Incident/Accident Details

Date: __/__/____ Time: _____

Venue/Location: _____

Weather Conditions: _____

Equipment/machinery involved (and owner): _____

Description of Incident Please include cause of incident, list any injuries and procedures taken

_____ (Please attach supplementary sheets if required)

County Chairman Informed (circle applicable): Yes / No Date: __/__/____

If not reported to County Chairman, explanation for this: _____

Action taken/recommendation Please note any corrective action performed or learnings to ensure incident does not happen again



YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS



Signed: _____ **Name:** _____

Date: __/__/____ **Position:** _____