



ACCIDENT & INCIDENT RECORD

RIDDOR-AWARE CLUB RECORDING & INVESTIGATION FORM

DOCUMENT CONTROL	DETAILS
Club / Organisation	
Venue / Activity	
Record / Reference No.	
Date opened	
Completed by / role	
Policy / procedure version	2026
Confidentiality	Store securely; restrict access to those with a legitimate need.

Purpose and important note

Use this form to record accidents, injuries, incidents, near misses, dangerous occurrences and relevant follow-up actions arising from club activities. It is intended to support good health and safety management and RIDDOR decision-making. It is NOT itself a RIDDOR notification to the enforcing authority.

RIDDOR applies to certain work-related deaths, specified injuries to workers, over-seven-day incapacitation of workers, reportable occupational diseases, dangerous occurrences and certain injuries to non-workers. The reporting duty falls on the relevant 'responsible person' (for example an employer, certain self-employed people, or a person in control of work premises). Volunteers are treated as members of the public for RIDDOR purposes.

This form should be completed factually. Do not use it to apportion blame. Preserve relevant evidence and escalate safeguarding concerns immediately under the Commission/club safeguarding procedure.

1. Immediate response and incident details

FIELD	RECORD
Date of incident	Time: _____ Duration (if relevant): _____
Venue / exact location	_____
Activity underway	Class / grading / sparring / seminar / competition / setup / other: _____
Person completing record	Name: _____ Role: _____
Others present / witnesses	_____
Immediate danger removed?	Yes / No Details: _____
Training/activity stopped?	Yes / No If yes, by whom and why: _____
Emergency services contacted?	999 / 111 / No / Other: _____ Time: _____
First aid provided?	Yes / No By: _____
Defective equipment / area isolated?	Yes / No / N/A Details: _____

2. Person affected

FIELD	DETAILS
Full name	_____
Status	Member / child / adult / instructor / assistant / volunteer / visitor / employee / contractor / other
Date of birth / age (if needed)	_____ / _____
Parent / guardian (if under 18)	_____
Contact details	_____
Emergency contact	Name: _____ Tel: _____
Relevant additional needs	Only information necessary for safe response: _____

3. Injury / illness / harm

QUESTION	DETAILS
What injury or harm occurred?	
Body part(s) affected	
Symptoms / observed condition	
Was an injury diagnosed by a medical professional?	Yes / No / Unknown Diagnosis/details: _____
Treatment at scene	First aid / ice / dressing / other: _____
Taken directly to hospital from incident scene?	Yes / No Hospital: _____ Time: _____
Hospital treatment / admission	Emergency treatment / outpatient / admitted / assessment only / unknown
Unable to continue normal activity?	Yes / No Details: _____
For a worker: unable to carry out routine work for >7 consecutive days?	Yes / No / Pending Dates/expected duration: _____
Fatality?	Yes / No If yes, immediately activate emergency and RIDDOR procedures.

4. Factual description of what happened

Record the sequence of events, activity being undertaken, relevant equipment, environment, supervision, instructions and any immediate actions. Separate observed facts from later opinions.

5. RIDDOR screening checklist

Use the current HSE RIDDOR guidance alongside this screening section. A 'Yes' answer does not replace the legal test; it flags the need for prompt consideration by the responsible person.

SCREENING QUESTION	YES / NO / N/A	ACTION / NOTES
Was the event work-related / arising out of or in connection with work activity?		
Did it result in the death of any person?		
If the injured person was a worker: was there a specified injury?		
If a worker: did the injury prevent routine work for more than 7 consecutive days?		
If a non-worker (e.g. member, visitor or volunteer): were they taken directly from the scene to hospital for treatment?		
Did a specified dangerous occurrence occur?		
Is there a diagnosed reportable occupational disease linked to the relevant work exposure?		
Is there another RIDDOR category that may apply?		

6. RIDDOR outcome

OUTCOME	TICK / DETAILS
Not reportable under RIDDOR (reason recorded)	☐ _____
Potentially reportable – responsible person to confirm	☐ _____
RIDDOR report required	☐ Type: Injury / Dangerous Occurrence / Disease / Other
RIDDOR report submitted	☐ Date: _____ Time: _____ By: _____
RIDDOR reference number	_____
Enforcing authority / HSE contact details	_____
Separate insurer notification required	Yes / No / Pending Date/reference: _____

Reporting timing: fatal incidents, specified injuries to workers, qualifying non-fatal injuries to non-workers and dangerous occurrences must be notified without delay; HSE states the report must be received within 10 days. Over-seven-day worker injuries must be reported within 15 days. Keep the record and reporting confirmation.

7. Investigation and root-cause review

AREA	FINDINGS / EVIDENCE
Immediate cause	
Underlying / contributing factors	
Training / competence / supervision	
Equipment / maintenance / condition	
Venue / floor / lighting / access / environment	
Risk assessment / safe system	
Instructions / communication	
Participant factors / pairing / age / ability	
Any safeguarding concern?	Yes / No If yes, separate safeguarding procedure activated: _____
Witness statements / photographs / documents preserved	

8. Corrective and preventive actions

ACTION REQUIRED	RESPONSIBLE PERSON	TARGET DATE	COMPLETED / DATE

Examples: amend risk assessment; repair/replace equipment; change mat layout; alter pairing or contact rules; improve supervision; refresh instructor briefing; review venue arrangements; update emergency procedures; safeguarding referral; notify insurer; communicate lessons learned.

9. Review, closure and learning

REVIEW ITEM	DETAILS
Risk assessment reviewed?	Yes / No Date: Reference/version:
Relevant policy/procedure reviewed?	Yes / No Details:
Lessons communicated to instructors/volunteers?	Yes / No Date/method:
Participant/parent communication required?	Yes / No Details:
Insurer notified where required?	Yes / No / N/A Reference:
Safeguarding referral made where required?	Yes / No / N/A Reference held securely:
RIDDOR record retained	Yes / No Location/reference:
Closed by	Name/role: Signature:
Closure date	

10. Sign-off and document retention

The completed record should be retained securely in accordance with the club/Commission's document retention and data protection arrangements. Access should be limited to those who need the information for health and safety, safeguarding, insurance, legal or governance purposes.

ROLE	NAME	SIGNATURE	DATE
Person completing record			
Club responsible person / manager			
Safeguarding lead (if applicable)			
Health & safety / Commission reviewer (if applicable)			

11. RIDDOR quick reference — 2026

CATEGORY	KEY POINT
Death	Work-related death of any person is reportable.
Specified injury – worker	Specified injuries include, among others, most fractures (except fingers, thumbs and toes), amputations and certain serious injuries. Check current HSE list.
Over 7 days – worker	Worker incapacitated for more than 7 consecutive days immediately following the accident: report within 15 days.
Non-worker	A non-worker, including a member of the public or volunteer, is reportable where the work-related accident results in them being taken directly from the scene to hospital for treatment (subject to the RIDDOR rules).
Dangerous occurrence	Certain high-potential incidents listed in RIDDOR Schedule 2 are reportable even without injury.
Occupational disease	Certain diagnosed diseases linked to specified occupational exposures are reportable when the RIDDOR criteria are met.
Records	Keep records of reportable injuries, over-seven-day injuries, reportable diseases and dangerous occurrences, including reporting details/reference.

Legal/guidance basis checked for this template: RIDDOR 2013 and current Health and Safety Executive RIDDOR guidance available in 2026. This template should be reviewed when legislation or HSE guidance changes and adapted to the club's actual circumstances.
