

THE SHOWMENS GUILD OF GREAT BRITAIN

ACCIDENT REPORT FORM

N.B. IN COMPLIANCE WITH RULE 21.G ANY ACCIDENT INVOLVING MEMBERS EQUIPMENT, WHICH OCCURS ON A FAIRGROUND, MUST BE REPORTED TO THE LOCAL SECTION SECRETARY AS SOON AS POSSIBLE BUT NOT LATER THAN 36 HOURS.

1. Members Name:.....Membership No:.....
2. Name of Device:.....Reg No:.....
3. Details of Safety Certificate:
 - a. Date:.....
 - b. No. of Certificate:
 - c. Engineer's Name:.....
4. If a mechanical failure involved, time and date you advised inspecting engineer of accident:.....
5. Are all parts of the device, so far as ascertainable (to be completed by the inspecting engineer where appropriate):
 - a. Of good mechanical construction, sound material and adequate strength? YES/NO
 - b. Properly maintained and in good working order? YES/NO
6. Location at which accident occurred:
7. Date and time of accident:.....
8. Date and time relevant Section Office advised:.....
9. Details of injured person(s):
 - a. Surname(s).....
 - b. Forename(s):.....
 - c. Was he/she
At work as an employee? YES/NO
A member of the public? YES/NO
A Showman? YES/NO
 - d. Age of person(s) injured.....
 - e. Address:

.....
10. Was the injury fatal? YES/NO

11. Was he/she treated in hospital? YES/NO

If so, which hospital?.....
.....

12. Give a full account of the accident, explaining so far as possible, how it happened and how those injured 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 Also state the nature of the injury.

13. Was the Health & Safety Executive Notified? YES/NO

If yes, state office notified and at what time?
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14. Did a Factory Inspector inspect ht device after the accident? YES/NO

If yes, give his name and the date/time of inspection:
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15. Did the Police attend the accident? YES/NO

If yes, give name(s) and rank(s) and number(s) and Police Station:
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16. Was the device closed: YES/NO

If yes, state by whom at what time and for how long. Give the reason for closure:
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17. Was a Prohibition of Stop Notice served? YES/NO

If yes,, state serial number and name of issuing office:.....
(Enclose copy if possible)

Signature.....Date:.....

Name (BLOCK CAPITALS).....Time:.....