



National Field Archery Society

Appendix NFAS – INIF002

Incident Notification and Investigation Form

Return copies of this form to the NFAS General Secretary and the Safety Advisor

Incident Reference Number:		Leave this blank. This number will be entered by the NFAS Committee.					
Part A - Incident Details (Compulsory)							
Date:		Time:			:		(Use 24 hr clock)
Club:		Location:				Sub Location:	
Classification: (tick one box)		[Complete parts A in all cases, B as noted below and C, D & E if Incident requires investigation]					
Fatality		Near Hit		Damage to Property			
Injury		Non-Compliance with NFAS Safety Rules		Other			
What Happened? (Give a step by step sequence of events including times – continue on a separate sheet if necessary. Attach a plan / pictures of the area if relevant).							
Immediate Action Taken To Make Area Safe: (Give details of steps taken to deal with any unsafe conditions)							
Additional Witnesses: (Give details of all witnesses to the incident and how they were involved – include contact details or NFAS numbers)							
Was there a potential for greater loss or injury? (circle Y or N)					<input type="checkbox"/> Y	<input type="checkbox"/> N	(If Yes give details below)
Investigation Required? (circle Y or N)		<input type="checkbox"/> Y	<input type="checkbox"/> N	Please contact the NFAS Safety Advisor for Guidance in conducting an investigation			
Your Name			NFAS No.			Date Incident Notification Completed	
Contact Tel			Email				



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Part B1 – Injury & Treatment Details (Complete as indicated under classification)

Who was injured?		Surname:		First Name:		Date Of Birth (or age group)		Sex	
NFAS No:		Address:		Contact No.					
Category: (tick one box).									
Organising Club Member		Archer / Participant		Public		Other			
Cause/Occasion of Injury: (tick one box).									
Struck by Moving / Flying / Falling Object		Exposure to Fire		Physical Assault by Person					
Asphyxiation / Drowning		Exposure to Harmful Substance		Slip / Trip / Fall					
Contact with Moving Vehicle		Handling / Lifting / Carrying		Hit Fixed / Stationary Object					
Electrical		Injured by Animal		Other (specify below)					
Fall From Height (Specify Height)		metres							
Agent Involved: (tick one box).									
Arrow		Own Equipment		Other Archer's Equipment					
Water – ponds, streams etc.		Building / Excavation / Structure		Vehicle or Associated Machinery					
Floor / Ground / Stairs		Environmental Injury		Portable Power / Hand Tool					
Ladder / Scaffolding		Live Animal		Other (specify below)					
Type of Injury Sustained: (tick one box, which best describes the most serious injury).									
Amputation		Cuts / Lacerations		Fracture		Poisoned			
Asphyxia / Gassing		Dislocation		Eye Damage		Shock			
Bruising / Crush		Electric Shock / Burn		Internal		Sprain / Strain			
Burn / Scald		(Major) Multiple		Other (specify below)					

Injury to: (tick one box which best describes the area sustaining the main injury).									
Back		Arm / Shoulder (both)		Eyes (both)		Leg/Knee/Ankle (R)			
Chest		Arm/Shoulder unspecified		Eye unspecified		Feet (both)			
Abdomen		Arm / Shoulder (L)		Eye (L)		Foot/Toes unspecified			
Hands (both)		Arm / Shoulder (R)		Eye (R)		Foot/Toes (L)			
Hand/Fingers unspecified		Head / Neck		Legs (both)		Foot/Toes (R)			
Hand / Fingers (L)		Face		Leg/Knee/Ankle unspecified		Multiple Injury			
Hand / Fingers (R)		Mouth / Teeth		Leg/Knee/Ankle (L)					
Other (specify)									
Other Injuries: (Give details of any other injuries)									
Consequence: (tick ALL applicable boxes).									
Unconscious		Resuscitation Required		Hospital Stay (over 24hrs)		If known			
Treatment: (tick ALL applicable boxes).									
First Aid		Name of First Aider:		Entered in accident book?					
Hospital Treatment		Seen by Doctor		X-Ray		Other Treatment (specify on separate sheet)			