



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].							
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)					Y	N	(If Yes give details below)
Investigation Required? (circle Y or N)		Y	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 B – 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)