



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)					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 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)					