National Navigation Award Scheme (NNAS)

ACCIDENT/ INCIDENT/ NEAR MISS FORM

Version	Date	Author	Type
V1	060123	James Woodhouse	First Draft
V1.1	18/03/2025	Jane Howie	Review and formatting. Final version signed off.

PART 1: EVENT DETAILS

DATE OF REPORT: TIME OF REPORT:

DATE OF EVENT: TIME OF EVENT:

PART 2: DETAILS OF INJURED PERSON

SURNAME: FIRST NAME:

MALE/FEMALE DOB:

DESCRIPTION OF INJURY/ ILL HEALTH (with explanation of how it occurred):

PART 3: (To be completed by GP/ medical staff)

NATURE OF INJURY:

SITE OF INJURY:

Is the injury compatible with description? YES/ NO

Is the injury serious? YES/NO

Is the injury of a nature that it might be a factor in later disability? YES/NO

Was the casualty admitted to hospital? YES/ NO

If YES give name and address of hospital:

NAME: SIGNATURE:

APPOINTMENT: DATE:

PART 4 EVENT ANALYSIS

TYPE OF EVENT: INJURY ILL HEALTH NEAR MISS
FATALITY DAMAGE OR FIRE ONLY

RIDDOR REPORTABLE: YES/ NO NUMBER AFFECTED:

EVENT LOCATION: EVENT KIND:

IDENTIFY CAUSE OR CONTRIBUTING FACTORS:

EVENT SUMMARY:

LESSONS LEARNED AND REMEDIAL ACTION:

FURTHER INQUIRY: YES/NO If YES BY WHOM:

CERTIFICATION OF PERSON IN CHARGE

SURNAME: FIRST NAME:

TEL NO: SIGNATURE:

Details of person who reported event if different from above.

NAME:

TEL NO:

STATEMENT BY CHAIR/ RESPONSIBLE PERSON

Was the injury sustained in the performance of a NNAS activity? YES/ NO

The answers given are to the best of my knowledge correct.

NAME: SIGNATURE

The National Navigation Award Scheme is a Scottish Charitable Incorporated Organisation, number SC039201