

意外事件報告表格

Accident Report Form

	名稱: e of Programn	ne :				
日期: Date:				星期() Day of the week:		
	/ 場地: tion / Venue:	_				
事發時間: Time of accident:		事發當天是 / 不是 *公眾假期 It was / was not * a public holiday				
	資料: culars of injur	ed persoi	n :			
(i)	姓名: Name:		(中文 in Chinese)			
(ii)	性別: Sex:	男/女* M / F*		(iii)	國籍: Nationality:	
(iv)	年齢: Age:			(v)	香港身分證/護照號碼*: HKID No./Passport No.*:	
(vi)	電話: Telephone:			(vii)	職業: Occupation:	
(viii)	電郵地址: Email addre					
ix)	通訊地址: Postal addre					
by t	目擊意外者,	, 连列册	甘佃工兴建			
			nessing the accident			
(i)	姓名: Name:		(中文 in Chinese)			
(ii)	電郵地址: Email addre				(iii) 電話: Tel.:	
	通訊地址:					



	發生原因、傷勢和已採取的救援措施: e of accident, details of injuries and action	
	救護車:	
	ng of ambulance:	u ut t hi na it na
(i)	召唤時間及召唤人士:	(iii) 救護車離開時間:
	Time of call and by whom:	Time of departure :
(ii)	救護車抵達時間:	(iv) 救護車號碼:
()	Time of arrival :	Ambulance No. :
傷者	離開場地時的狀況:	
State	of the injured person on leaving the venu	ie:
	76 N/14	
	後詳情: 	
(i)	ils after conveyance to hospital : 需要/不需要*留院	(iii) 出院日期:
(1)	Hospitalization is/is not required	Discharged from hospital on :
	ER all had	
(ii)	醫院名稱:	
	Name of Hospital :	
請刪去	长不適用者	
Delete	as appropriate	
粉编	/領隊簽署:	
	/領隊僉者: ature of the Coach/Team Manager:	
515110		
如 编	/領隊姓名:	日期: