



Accident and Incident Form

This form should be completed immediately after any accident or significant incident. The worker should discuss with the appropriate leader for the group/ activity what follow up action is necessary.

Day, date and time of the incident _____

Names, addresses and ages of those involved in the incident

Where did this incident take place?

Name of place of worship/organisation:

Name of the group:

Who is normally responsible for group? (Name, address and telephone number)

Who was responsible for the group at the time of the incident, if different from the above? (Name, address and telephone number)

Which other workers were supervising the group at the time of the incident? (names, addresses and telephone numbers)

Who witnessed the incident? (Names, addresses, telephone numbers, and ages if under 16) Normally only two witnesses would be needed.

Describe the accident/incident (include injuries received and any first aid or medical treatment given)

Have you retained any defective equipment? **YES** **NO** **NONE INVOLVED** (Please tick)

If yes, where is it being kept and by whom?

What action have you taken to prevent a recurrence of the incident?

Is the site or premises still safe for your group to use? **YES** **NO** (Please tick)

Is the equipment still safe for your group to use? **YES** **NO** (Please tick)

Who else do you need to inform?

Have they been informed? **YES** **NO** (Please tick)

If so, when and by whom?

Have you reported a serious/significant accident or injury to the Local Authority environmental health department? **YES** **NO** (Please tick)

Signature of person in charge of group at time of accident/incident

Signed: _____

Print Name: _____

Date: ____/____/____

Form seen by: _____

Role: _____

Signed: _____

Print Name: _____

Date: ____/____/____