

Accident / Incident Form

This form should be completed immediately after any accident or significant incident. Once completed, please store confidentially on church premises and keep indefinitely. The worker should discuss with the Designated Person and/or Minister if follow up action is required.

Day: _____ Date: _____ Time: _____

Name, contact details and ages of those involved in the accident/incident:

1. _____
2. _____
3. _____
4. _____

Where did this accident/incident take place? _____

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

Name: _____
Address: _____

_____ Tel. No.: _____

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

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Tel. No.: _____	Tel. No.: _____

Describe the accident/incident (include injuries received and any first aid or medical treatment given) continue on separate sheet if necessary.

Have you retained any defective equipment?

YES NO NONE INVOLVED *(Please tick)*

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

What action have you taken to prevent a recurrence of the accident/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)*

Have the parents/carers been informed? YES NO *(Please tick)*

Date: _____ Time: _____

Has Designated Person been informed? YES NO *(Please tick)*

Has Minister been informed YES NO *(Please tick)*

Has Leader in charge been informed? YES NO *(Please tick)*

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

Signed: _____ PRINT Name: _____

Date: _____

Form seen by Minister/Leader in charge

Signed: _____ PRINT Name: _____

Date: _____