

Accident/Incident Form

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

Day:..... Date:Time:

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

- 1.
- 2.
- 3.
- 4.

Where did this incident take place?

.....

Name of church and organisation:

.....

Name of the group:

.....

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

Name:.....

Address:.....

..... Tel. No.:

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

Name:.....

Address:.....

..... Tel. No.:

Who witnessed the 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.:

TCF7/04

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

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.....

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 incident?

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.....
.....

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: