

West Wiltshire & East Somerset AM Incident & Accident Reporting Form Strictly Confidential



For the responsible person to complete

RD7.1.7

Details of incident/accident	
Please record information about when and where the incident/accident happened	
Date (dd/mm/yyyy)	Time
Location	
Event	
Nature of incident/accident including details of illness/injury. Give the cause if relevant.	
Names of People Involved	
Names of Team Members Involved	
Give names of witnesses to the incident/accident	
Was a first aider called	Yes/No

Please continue any answers on additional sheets as needed

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Revised	29 June 2017	

If yes the First Aider should complete this form otherwise the person reporting the incident should complete the form	
Action taken Give details of any action taken including First Aid treatment given	
Supplies used	
Was an ambulance called	Yes/No
Did the person receive paramedical treatment at the venue	Yes/No
Did the person require hospitalisation? If so give details of how they travelled to hospital and which hospital	Yes/No
Was the person sent to a doctor or health centre? If so give details	Yes/No

Please continue any answers on additional sheets as needed

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Who was informed about this incident			
Team Members	Yes/No	Name	
Parent/Carer/Responsible Adult	Yes/No	Name	
Staff Member/s	Yes/No	Name	
Other e.g. consultant please specify	Yes/No	Name	
Further action required please give details of further action or follow up required and who responsible			
Name of Team member			
Signature of Team member			
Date & Time			
Name of Staff member			
Signature of Staff member			
Date & Time			

Please continue any answers on additional sheets as needed

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Further action taken please give details of any further action taken	
Name of Team member	
Signature of Team member	
Date & Time	
Name of Staff member	
Signature of Staff member	
Date & Time	

Please continue any answers on additional sheets as needed

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