

Accident / incident form

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

Incident Date: _____ Time: _____

Names, addresses and ages of those involved in the incident

Where did this incident take place?

Name of Local Meeting:

Name of group or activity:

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

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

Which other volunteers 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 None involved (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: _____

(state role eg. Warden, Clerk of Premises Committee)

Signed: _____

Print Name: _____

Date: _____