# 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, ages and contact details of those involved in the incident:

Where did this incident take place?

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

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

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

Who witnessed the incident? (Names 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 (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_