

Parochial Church Council of Swanage - Accident and Incident Form

This form should be completed immediately after any accident, significant incident or near miss. Discuss with the appropriate leader for the group/activity what follow up action is necessary.

Day, date and time of the incident

Names, addresses and ages of those involved in the incident

Where did this incident take place?

Name of place of worship/organisation: _____

Name of the group: _____

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

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

Which other workers 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 circle)

If so, 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 circle)

Is the equipment still safe for your group to use? YES NO (Please circle)

Who else do you need to inform? _____

Have they been informed? YES NO (Please circle)

If so, when and by whom? _____

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

Signed: _____ Print Name: _____

Date: ____/____/____

Form seen by: _____
(state role e.g. Team Rector, Head of Organisation)

Signed: _____ Print Name: _____

Date: ____/____/____