



SAFEGUARDING FORM M
ACCIDENT AND INCIDENT FORM

The Methodist Church
Bolton & Rochdale District

Name of Church:

Name of your group:

Day, date and time of the accident/incident:

What are the names, addresses, dates of birth and ages of those involved in the accident/incident?

Where did the accident/incident take place?
Specify the exact location

Who is normally responsible for the group?
[name, address and telephone number]

Who was responsible for the group at the time of the accident/incident, if different from above?
[name, address and telephone number]

Which other workers were supervising the group at the time of the accident/incident?
[names, addresses and telephone numbers]

Who witnessed the accident/incident?
[names, addresses, telephone numbers and ages if under 16 - normally only two witnesses will be needed]

Type of Incident

- Accident [physical]
- Accident [vehicle]
- Assault
- Theft
- Property Damage
- Other

Classification of Incident

- Event/Facility related
- Non-event/facility related
- Minor injury/illness
- Serious injury/illness
- Non-injury
- Other

Action

- Care not needed
- Care refused
- Medical attention on site
- Referral to hospital
- Ambulance transport
- Patient requested ambulance
- Released to own vehicle
- Police summoned
- Police report filed

Report No.:

Police name:

- Report only

Is the site or premises still safe for your group to use?
[yes/no]

Is the equipment still safe for your group to use?
[yes/no]

What action have you taken to prevent a re-occurrence of the incident?

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]

If so, where is it being kept and by whom?

Who else do you need to inform?

Have they been informed?
[yes/no]

If so, when and by whom?

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

Date: