

## ACCIDENT / INCIDENT REPORT FORM

(This form is to be completed for all volunteers, service users and visitor accidents /incidents)

Please fill in the churches accident form separately to this form and hand it into the office.

All accidents/incidents to be reported. Witness statements to be taken/written where appropriate.

Management is required to complete Section III, review the report for completeness and accuracy, sign and log this report in the accident/incident log book within 24 hours of the accident/incident. Note: the report (and pictures if any) should then be filed together in a safe and secure location. Any copies of this report and any other related materials in conjunction with this report cannot be obtained without the authorization of management.

- Preserve evidence.
- Record all information as soon as possible.
- Use black pen.
- Keep writing clear and legible.
- Do not use jargon or abbreviate.
- Do not record your own opinion if you are filling the form in on behalf of another person.
- Use fact and the individuals own words, expressions, appearance, behaviour and views.

- Do a body map where appropriate.
- Record what the circumstances in which the accident/incident came about.
- Note the setting and anyone else who was there at the time, and record this using their own words/phrases.
- Do not touch anything that may be evidence.
- If the incident was witnessed then the witness needs to do a witness statement and write down exactly what was seen.

### SECTION I PLEASE PRINT OR TYPE ALL INFORMATION

Name:

TELEPHONE NUMBER:

Address:

Mobile phone number:

Date of birth

Age:

Postcode:

*(why were you visiting?)*

Volunteer

Service user

Trustee

Visitor

SECTION II ACCIDENT DATA

NATURE OF INCIDENT:  Physical altercation  Accident/Injury  Verbal Confrontation  Other: Please specify  
 Damage to property  Theft/Burglary

DATE of Accident/Incident:

Time of Accident/Incident:

am  pm

Where did the Accident/Incident Occurred? Address/location:

Specific Location of Accident/Incident  
Example: Bathroom, car park:

**Briefly explain what happened:** Include mood of persons involved and what was happening before the incident. If there was an injury, what happened to cause this injury or illness (3) what was the injury or illness (i.e., state the part of body affected and how it was affected) Use additional paper if needed.

**What action was taken: Check all actions taken. If more than one, indicate which occurred 1st, 2nd, etc.**

First Aid - administered by:

Medical help sought (What and where) :

Sent Home

Continued Activity (no action taken)

Other: please specify:

Other agencies informed:  Social services  Police  RIDDOR  
 Other: Please specify:

Names and contact numbers of witnesses:

Person Completing the Report:  
Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Risk Manager:  
Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form same day (or within 24 hours) of accidents/incident for employee, patron, or visitor to the Venues Management Department.**

**Accident/Incident Report Form**

**SECTION III**

**MANAGEMENT/SUPERVISOR REPORT ON THE ACCIDENT/INCIDENT**

**What action has been taken to prevent such an accident/incident from recurring? Include specific details on how it was mediated, how the incident can be avoided in the future. *(take photos of environment following an incident):***

**Management/Supervisor's Account of Incident which supplements and/or clarifies information provided by injured party: (if an injury, (1) explain activities occurring when injury or illness occurred and what tools, machinery, chemicals, were involved, (2) what happened to cause this injury or illness (3) what was the injury or illness (i.e., state the part of body affected and how it was affected)**

**Section III Completed by: \_\_\_\_\_**

Signature:

Date:

**SECTION IV- FOR INVESTIGATION/REVIEW ONLY - DO NOT WRITE BELOW THIS LINE:**

**Investigation Comments:** Photos are highly recommended immediately following an incident, if at all possible.

**Required Action:**

**Section IV Completed by:** \_\_\_\_\_  
Signature Date

Date sent to Board of trustees: \_\_\_\_\_