



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 group/activity and/or Designated Person 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 Church Organisation: _____

Department Leader: (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 18) 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 (Please tick)
Have you reported the accident/incident YES NO (Please tick)

To whom: _____ Date: ____/____/____

By whom: _____ Date: ____/____/____

Have you reported a serious/significant accident or injury to the Local Council Environmental Health Department and Health & Safety Executive Northern Ireland? (There is a legal duty to report serious accidents/injuries under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997

YES NO (Please tick)

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

Signed: _____ Print Name: _____

Date: ____/____/____

Office Use Only Date form received: ____/____/____ Signed: _____ Print Name: _____ Role: _____
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