

::12.11 ACCIDENT / INCIDENT FORM

This form should be completed immediately after any accident or significant incident. Once completed, please store confidentially on church premises and keep indefinitely. The worker should discuss with the Minister if follow up action is required.

| | | |
|--|-------|-------|
| Day: | Date: | Time: |
| Name, contact details and ages of those involved in the accident/incident | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| Where did this accident/incident take place? | | |
| Who is normally responsible for the group? (Name, address and telephone number) | | |
| Who witnessed the accident/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) | | |
| Continue on separate sheet if necessary. | | |

| Please tick the following as appropriate | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|---------------|
| Have you retained any defective equipment? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | NONE INVOLVED |
| If so, where is it being kept and by whom? | | | | | | |
| What action have you taken to prevent a recurrence of the accident/incident? | | | | | | |

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Is the site or premises still safe for your group to use? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Is the equipment still safe for your group to use? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Have the parents/carers been informed? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

| | |
|-------|-------|
| Date: | Time: |
|-------|-------|

| | | | | |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| Has Designated Person been informed? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Has Minister been informed? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Has Leader in charge been informed? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

| Signature of person in charge of group at time of accident/incident | | |
|--|-------------|-------|
| Signed: | PRINT Name: | Date: |

| Form seen by Minister/Leader in charge | | |
|---|-------------|-------|
| Signed: | PRINT Name: | Date: |