

**ACCIDENT and INCIDENT REPORT**

This report should be completed immediately after any accident or untoward incident has occurred. One copy should be retained by the Leader of the group and a copy given to the Church Wardens. Insert one copy into the Church Accident and Incident Folder and discuss with the Incumbent and Churchwardens what follow up action is necessary.

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| **Name of Church** |

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| **Name of your Group** |

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| **Day, date and time of the incident:** |

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| **What are the names, addresses and ages of those involved in the incident?** |

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| **Where did this incident take place?** |

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

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

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| **Which other workers were supervising the group at the time of the incident?**  **(names, addresses and telephone numbers)** |

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| **Who witnessed the incident? (names, addresses, telephone numbers and ages if under 16**  **Normally only two witnesses will be needed)** |

**Accident and Incident Report - continued…**

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| **Describe the accident/incident (include injuries received and any first aid or medical treatment**  **given)** |

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| **Have you retained any defective equipment? (yes/no/none involved)** |

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| **If so where is it being kept and by whom?** |

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

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| **Is the site or premises still safe for your group to use? YES/NO** |

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| **Is the equipment still safe for your group to use? YES/NO** |

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| **Who else do you need to inform?** |

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| **Have they been informed? YES/NO** |

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

**This sheet should be photocopied**

GKJ DSA April 2017