

ACCIDENT / INCIDENT REPORT FORM - PART A

(injury, near miss, dangerous occurrence)

Date & Time of accident / incident: ____/____/____ ____:____

Subject of report: *please tick box applicable*

Injury [] Dangerous occurrence [] Damage to property []
Non-injury accidents [] Physical assault []
Verbal assault []

Other: _____

1. ABOUT YOU – THE PERSON COMPLETING THIS FORM:

First name:	Last name:	Phone No.	Email:
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2. THE INJURED PARTY:

First name:	Last name:	Date of Birth:	Male / Female
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Home address, postcode & telephone number & email:

Work address, postcode & telephone number:

STATUS:

Member of public: <input type="checkbox"/>	Contractor: <input type="checkbox"/>	Office Holder: <input type="checkbox"/>
Church member: <input type="checkbox"/>	Visitor: <input type="checkbox"/>	Other : <input type="checkbox"/>
		Role: _____
		Details _____

ABSENCE: *If absent from work*

Time & Date of absence commencing:

Time and Date of return to work

3. THE INJURIES:

Was First Aid Given? Yes <input type="checkbox"/> No <input type="checkbox"/>	What parts of the body were injured?
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Physically assaulted by a person <input type="checkbox"/>	
Verbally assaulted by a person <input type="checkbox"/>	
Other: _____ <input type="checkbox"/>	

5. DANGEROUS OCCURRENCE / OTHER INCIDENT

Describe what happened.

6. DETAILS OF EVENT

For example, name any substances, machinery, events leading up to the accident / incident and parts played by other people. If outside, also describe the weather, when dark or light and any lighting used.

7. SKETCH OF ACCIDENT / INCIDENT

Where relevant, sketch a diagram of relevant information, layout of accident / incident and proximity of influencing factors.

ACCIDENT / INCIDENT REPORT - PART B

(Investigation of Accident / Incident)

Name of Injured Party: _____

Reason for being on church premises: _____

8. ACCIDENT / INCIDENT INVESTIGATION

At the time of the accident / incident, was the person where they were meant to be?

Yes / No

At the time of the accident / incident, was the person doing what they were meant to be doing?

Yes / No

Was any Personal Protective Equipment being used at the time? *If YES provide details*

Yes / No / Not Applicable

Was a Permit-to-Work or Authorisation in effect (*if YES please attach copy*)?

Yes / No / Not Applicable

Was there any supervision of the work or activity being carried out?

Yes / No / Not Applicable

What training or instruction has the person received - if work activity being carried out?

Has a risk assessment been carried out for the process / activity?

If so, has this been reviewed in light of this accident / incident?

What action has been taken or identified to prevent a recurrence?

Who will implement this?

By When?

Conclusion of Investigation:

9. RIDDOR

Has this accident / incident been reported to:

Church Health & Safety Officer: Yes / No

Priest In Charge Yes/ No

Churchwarden Yes/ No

The Health and Safety Executive (HSE) under RIDDOR? Yes / No

10. SIGNATURE OF PERSON REPORTING & INJURED PARTY

Signature: _____ Date: _____

Signature: _____ Date: _____

RIDDOR report applicable: Yes / No