ACCIDENT / INCIDENT REPORT FORM - PART A

(injury, near miss, dangerous occurrence)

Date & Time of accident / incident://::					
Subject of report: pl	ease tic	k box applicable			
Injury [] Dangerous occurrence [] Damage to property [] Non-injury accidents [] Physical assault [] Verbal assault []					
Other:					
1. ABOUT YOU – T	HE PER	RSON COMPLE	TING THIS F	ORM:	
First name:	Last name:		Phone No.		Email:
2 THE INTIDED D	ADTV.				
2. THE INJURED PARTY:					
First name:	Last name:		Date of Birth:		Male / Female
Home address, postcode & telephone number & email:					
Work address, postcode & telephone number:					
STATUS:					
Member of public:		Contractor:		Office Holder:	
				Role:	
Church member: Visitor:			Other Details		
ABSENCE: If absent from work					
Time & Date of absence commencing:					
Time and Date of return to work					
3. THE INJURIES:					
What parts of the body were injured? Was First Aid Given? Yes No					

What was the nature of laceration, fracture, spother (describe): What treatment was good was treatment refused	of the injury? e.g. orain, needlestick, iven by first aider?		(Indicate Injury area)
Was the injury:	Did the injured party attend hospital	Did the injured party remain in hospital for	Did the injured party:
A fatality?	directly from the	over 24 hours?	Lose consciousness?
A specified injury A minor injury	scene ?		Yes No
	Yes No	Yes 🗆 No 🗆	
			Need resuscitation? Yes No
			Yes 🗆 No 🗆

4. THE ACCIDENT / INCIDENT:					
Date:	Time:	EXACT location (including area, nearest building, room and campus):			
Type: Tick which one is most correct or give details by 'other'			Witnesses details (including name, address and telephone number):		
Contact with moving machinery $\ \square$			1.		
Hit by something fixed or stationery $\ \square$					
Hit by a moving, flying or falling object $\ \square$					
Hit by a moving vehicle \square					
Injured whilst handling, lifting or carrying \square			2.		
Slipped, tripped fell on the same level \square					
Fell from height =m					
Trapped by something collapsing \square					
Exposure / contact with harmful substance					
Exposed to fire \square					
Exposed to an explosion \square					
Contact with elect	ricity or electrica				

Physically assaulted by a person \Box	
Verbally assaulted by a person □	
Other:	
5. DANGEROUS OCCURRENCE / OTHER INCIDE	NT
Describe what happened.	
6. DETAILS OF EVENT	
For example, name any substances, machinery, events lead and parts played by other people. If outside, also describe and any lighting used.	
, , ,	
7. SKETCH OF ACCIDENT / INCIDENT	
Where relevant, sketch a diagram of relevant information, layou proximity of influencing factors.	it of accident / incident and
promise, or management grant and a second	

ACCIDENT / INCIDENT REPORT - PART B

(Investigation of Accident /Incident)

(Threstigation of A	ccident / Incident)			
Name of Injured Party:				
Reason for being on church premises:				
8. ACCIDENT / INCIDENT INVESTIGAT	TION			
At the time of the accident / incident, was the pers Yes / No	,			
At the time of the accident / incident, was the pers Yes / No	on doing what they were meant to be doing?			
Was any Personal Protective Equipment being used Yes / No / Not Applicable	at the time? If YES provide details			
Was a Permit-to-Work or Authorisation in effect (<i>if</i> Yes / No / Not Applicable	YES please attach copy)?			
Was there any supervision of the work or activity by Yes / No / Not Applicable	eing carried out?			
What training or instruction has the person receive	d - if work activity being carried out?			
Has a risk assessment been carried out for the pro- If so, has this been reviewed in light of this accider				
What action has been taken or identified to preven				
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 RIDE	OOR? Yes / No			
10. SIGNATURE OF PERSON REPORTIN	NG & INJURED PARTY			
Signature:	Date:			
Signature:	Date:			
RIDDOR report applicable: Yes /No				