

## Incident/accident report form

Report Number –

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Details of person concerned; -

- Name -
- Occupation -
- Address –

Postcode -

Person who completed this form;

- Name -
- Occupation -
- Address –

Postcode -

Person concerned account of the accident or incident; –

- Date of accident / incident -
- Time of accident / incident–
- Room and place accident / incident occurred –
- How did the accident / incident happen -?
- If the person suffered an injury what was this-

Witness account the accident or incident; –

- Date of accident / incident -
- Time of accident / incident–
- Room and place accident / incident occurred –
- How did the accident / incident happen -?
- If the person suffered an injury what was this-

First Aid Provision; –

- Was first aid provided -
- Name of first aider –
- Address of first aider –

Were any of the following contacted; – Family/Parents/Carers, Police or Ambulance

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What happened following the incident; – E.g. carried on with session, went home, went to hospital etc.

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Classification; – Fatal / Major / Injury or emotional shock requiring first aid, out-patient treatment, counselling, absence from work (record number of days) / Feeling of being at risk or distressed

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Date this form was completed –

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Does person involved in the accident / incident consent to disclosing their detail if required –

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