Information sheet 11.2 Revised 2018

Accident report form

Print off and use this form to record all accidents, injuries or near-misses.

Complete the form as soon as possible after the occurrence so that important details are not lost, including any witness statements. To comply with General Data Protection Regulations personal details must be kept confidential.

Ensure that any notifiable\* events are reported to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

\*These are generally incidents causing serious injury or from a list of specified ‘near-miss’ events. For further detail refer to website <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

Details of Church

# Name of Church

1. **Address of Church**

Postcode Telephone

# Full name of person injured

1. **Home address**

Postcode Telephone

# Date of birth

1. **Tick appropriate box**

Employee Volunteer Visitor Other (please give details below)

# Date of occurrence Time of occurrence

1. **Place of occurrence**

Description of accident

**1 Full description of the accident circumstances, including a description of any apparatus or equipment involved**

**2 Full description of any injuries suffered and treatment given**

1

Employment details

If the injured person is an employee, Elder, or volunteer this section is to be completed by the Church Secretary and if appropriate advised to the Moderator.

**2 Was (s)he on or off duty at the time?**

**3 If on duty did (s)he continue to work or go off duty after the occurrence?**

**4 If (s)he went off duty at what time and for how long?**

**5 I/we confirm that as far as I am/we are aware the above details including the description of the**

**accident are true and complete.**

Signed

Print name

Position

Date

**Any apparatus or equipment involved must be retained for inspection.**

Statement by witness 1

**Signed**

**Print name**

**Date**

**Home address**

Postcode

Statement by witness 2

**Signed**

**Print name**

**Date**

**Home address**

Postcode

Record here any action taken or required to address the issue, time scale, and completion date

Action to be taken

**Signed - Reportee**

**Signed – Health & Safety Officer/Secretary**

**Date Date**