

Kingston Mencap Accident/Incident Reporting Form

ACCIDENT/INCIDENT details

NAME (person involved)	
THEIR ROLE (member, volunteer, committee etc)	
DATE:	
TIME:	
THEIR ADDRESS	
WHAT HAPPENED:	
WHERE DID THE ACCIDENT/INCIDENT HAPPEN:	
WHAT WAS THE INJURY:	
IS THE ACCIDENT/INCIDENT REPORTABLE as outlined in the Health and Safety at Work Act etc. 1974	
YES	NO
WHAT ACTION WAS TAKEN: (First Aid, Hospital etc)	

BY WHOM:
WHAT ACTION IS TO BE TAKEN TO PREVENT THIS HAPPENING AGAIN:
BY WHOM:
DATE:
DID ANYONE WITNESS THE ACCIDENT?
SIGNATURE REPORTING THE ACCIDENT/INCIDENT:
DATE:

Signature.....
.....
(Print name and sign)

Person Reporting:	Date
Chair/Secretary:	Date
Date reported at Trustee committee	Date