

FORM 8 ACCIDENT AND INCIDENT FORM

Version 1



This form should be completed immediately after any accident or significant incident.
The worker should discuss with a pastor/church leader what follow up action is necessary.

Day, date and time of the incident _____

Names, addresses and ages of those involved in the incident

Where did this incident take place? _____

Name of church: Calvary Christian Fellowship

Name of the group: _____

Who is normally responsible for group? (name, address and telephone number)

Who was responsible for the group at the time of the incident, if different from the above? (name, address and telephone number)

Which other workers were supervising the group at the time of the incident? (names, addresses and telephone numbers)

Who witnessed the incident? (names, addresses, telephone numbers, and ages if under 16) Normally only two witnesses would be needed.

Describe the accident/incident (include injuries received and any first aid or medical treatment given)

Have you retained any defective equipment?
YES NO NONE INVOLVED (Please tick)

If so, where is it being kept and by whom?

What action have you taken to prevent a recurrence of the incident?

Is the site or premises still safe for your group to use YES NO (Please tick)

Is the equipment still safe for your group to use? YES NO (Please tick)

Who else do you need to inform? _____

Have they been informed? YES NO (Please tick)

If so, when and by whom? _____

Signature of person in charge of group at time of accident/incident

Signed: _____ Print Name: _____

Date: ___/___/_____

Form seen by Pastor / Leader

Signed: _____ Print Name: _____

Date: ___/___/_____