Loughaghery
Presbyterian Church

ACCIDENT/INCIDENT FORM

This form should be completed immediately after any accident or significant incident. Once completed, it should be passed to a Designated Person for confidential storage. The leader should discuss with the Minister if follow up action is required.

Day:	Date:	Time:
Name, contact details and ages of those involved in the accident/incident		
1.		
2.		
3.		
4.		
Where did the accident/incident take place?		
Who is normally responsible for the group? (Name, address and telephone number)		
Who witnessed the accident/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) Continue on separate sheet if necessary.		

PTO

Please tick the following as appropriate			
Have you retained any defective equipment?	YES	NO	NONE INVOLVED
If so, where is it being kept and by whom?			
What action have you taken to prevent a recurrence of the accident/incident?			

Is the site or premises still safe for your group to use?	YES	NO
Is the equipment still safe for your group to use?	YES	NO
Have the parents/carers been informed?	YES	NO

Date:	Time:

Has a Designated Person been informed?	YES	NO
Has the Minister been informed?	YES	NO
Has the Leader in charge been informed?	YES	NO

Signature of person in charge of group at time of accident/incident		
Signed:	PRINT Name:	Date:
Form seen by Minister/Leader in charge		
Signed:	PRINT Name:	Date: