

Pathhead and District Community Association – Accident Reporting Form

General details of incident

- Date of incident..... Time of incident.....
- Exact location of incident.....
- Which organisation or individual was in control of the premises at the time of the incident (who was the hirer?).....

Person who had the accident

- Full name.....
- Age..... Sex: M/F
- Address.....
- (If applicable) nature of injury (state left or right as appropriate).....

Status of injured person (tick as appropriate)

- Employee of village hall committee self-employed person
- Volunteer on village hall business contractor (includes members of village hall management committee)
- member of general public
- employee of another organisation attending hall function
- individual hirer other (please specify).....
- member of organisation hiring hall

Description of how accident/incident occurred

.....
.....

- What was injured person doing at time of incident?.....
- (if applicable) Was this something they were authorised to do? Yes/No
- (If applicable) Were they authorised to be where the accident occurred? Yes/No
- When was the incident reported?.....date.....time
- By whom was it reported?.....
- Was the incident witnessed by someone else? Yes/No

Details:

- Was first aid treatment given on site? Yes/No

Details:

- Was hospital/medical treatment obtained? Yes/No

Details:.....

- Anticipated absence from work: No time lost / Less than 3 days / 3 days or more

Action required to prevent recurrence:-

.....
.....
.....

Signed by: Date:

Address:.....
.....

Please forward to a Committee Member

- Alison Binns 01875 321053
- Bill Barron 01875 320305
- Fiona Corsar 01875 833376
- Neil Dumbleton 01875 320564
- James Thomson 01875 321077

Pathhead and District Community Association – Incident and Damages Reporting Form

General details of incident causing damage or potential Health and Safety issue

- Date of incident..... Time of incident.....
- What was damaged
- How does this effect Health and Safety
- Exact location of incident.....
- Which organisation or individual was in control of the premises at the time of the incident (who was the hirer?).....

Person who caused the damage

- Full name.....
 - Age..... Sex: M/F
 - Address.....
 - When was the incident reported?.....date.....time
 - By whom was it reported?.....
 - Was the incident witnessed by someone else? Yes/No
- Details:

Description of how incident/damage occurred

- (if applicable) Was person authorised to do the action causing the damage? Yes/No
- (If applicable) Were they authorised to be where the incident occurred? Yes/No

Any further details of the incident

Action has been taken or is required to address any Health and safety Issue

Signed by: Date:
Address:.....

Please forward to a Committee Member

- | | | | |
|--------------|--------------|----------------|--------------|
| Alison Binns | 01875 321053 | | |
| Bill Barron | 01875 320305 | Neil Dumbleton | 01875 320564 |
| Fiona Corsar | 01875 833376 | James Thomson | 01875 321077 |