

## PDCA\_04

# 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
- member of organisation hiring hall
- individual hirer other (please specify)

### Description of how accident occurred.

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- What was injured person doing at time of incident?

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- (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

Please give details:

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Was first aid treatment given on site? Yes/No

Please give details:

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Was hospital/medical treatment obtained? Yes/No

Please give details:

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Anticipated absence from work: (please circle)

No time lost / Less than 3 days / 3 days or more

Action required (if any) to prevent recurrence.

Please give details:

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

Address:

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**Please forward to a member of the PDCA committee.**