**11.ix**

ACCIDENT AND INCIDENT FORM – HEALTH AND SAFETY

This form should be completed immediately after any accident (and entered in the formal accident book) or significant incident. The worker should discuss with the Vicar what follow up action is necessary.

Date and time of incident: ………../…………../…………. …………………………

What are the names, addresses and ages of those involved in the incident?

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Where did the incident take place?

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Who is normally responsible for the group?

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Who was responsible for the group at the time of the incident, if different from above?

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Which other workers were supervising the group at the time of the incident?

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Who witnessed the incident? Names and ages if under 16.

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Describe the accident / incident (include injuries and any first aid, medical treatment received.) Continue on the reverse if necessary.

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