



Accident and Incident Report Form

Holy Trinity Church, Cambridge
Market Street
Cambridge
CB2 3NZ

Name of group: _____

This form should be completed as soon as possible after the occurrence. Whenever possible, the description of the accident should be completed by the injured person. All details should then be checked by a church official. If there were any witnesses to the accident they should complete witness statements as soon as possible after the occurrence.

To be completed by the injured person or person involved in the incident

Full name of person injured: _____

Home address: _____

Age (if under 18): _____

Circle as appropriate: [Employee] [Volunteer] [Visitor] [Congregation member] [Child]

Date of Occurrence: _____ Time of Occurrence: _____

Place of Occurrence: _____

Please give a full description of the accident circumstances, including a description of any apparatus or equipment involved and any injuries received, and First Aid given (continue on a separate sheet if necessary).

Signed: _____ Date: _____
(by injured person or responsible adult on behalf of a child) (dd/mm/yyyy)

To be completed by the church official

If the person involved was an employee or volunteer:

1. State nature of employment: _____

2. Was she/he on or off duty at the time? ON / OFF *(please circle)*

3. If on duty did she/he continue to work after the occurrence, or go off duty?

4. If she/he went off duty at what time and for how long? _____

If the accident occurred at a youth or children's group meeting:

Who is normally responsible for the group? _____

Who was responsible for the group at the time of this incident (if different from above)?

Have you retained any damaged equipment or apparatus for inspection? YES/NO

If so, please state what: _____

Does Action need to be taken to prevent such an incident happening again? If so, what?

Are the premises still a safe place for the group to meet? YES / NO

Is the equipment still safe to be used? YES / NO

Who else has been informed? _____

I/we confirm that as far as I am/we are aware the above details including the description of the accident are true and complete.

Signed: _____,
(person in charge of the group at the time of occurrence, please also print name)

Signed: _____,
(church official, please also print name)

Position: _____ Date: _____

Names of Witnesses:

Witness #1: _____

Witness #1 Contact: _____

Witness #2: _____

Witness #2 Contact: _____

Witness #3: _____

Witness #3 Contact: _____

Please attach statements from witnesses (use separate sheet), signed and dated.