

# The Longcroft Christian Trust Accident and Incident Form



This form should be completed immediately after any accident or significant incident. The worker should discuss with the appropriate leader for the group/activity what follow up action is necessary.

Day, date and time of the incident \_\_\_\_\_

Names, addresses and ages of those involved in the incident

---

---

---

Where did this incident take place? \_\_\_\_\_

Name of place of worship/organisation: \_\_\_\_\_

Name of the group: \_\_\_\_\_

Who is normally responsible for group? (name, address and telephone number)

---

---

Who was responsible for the group at the time of the incident, if different from the above? (name, address and telephone number)

---

---

Which other workers were supervising the group at the time of the incident? (names, addresses and telephone numbers)

---

---

---

Who witnessed the 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)

---

---

---

---

Have you retained any defective equipment?

YES     NO     NONE INVOLVED    (Please tick)

If yes, where is it being kept and by whom?

---

---

What action have you taken to prevent a recurrence of the incident?

---

---

Is the site or premises still safe for your group to use     YES     NO    (Please tick)

Is the equipment still safe for your group to use?     YES     NO    (Please tick)

Who else do you need to inform? \_\_\_\_\_

Have they been informed?     YES     NO    (Please tick)

If so, when and by whom? \_\_\_\_\_

Signature of person in charge of group at time of accident/incident

Signed: \_\_\_\_\_    Print Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Form seen by: \_\_\_\_\_

(state role eg. Church Minister, Head of Organisation/Health & Safety Officer)

Signed: \_\_\_\_\_    Print Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_