**FORM 9 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 of those involved in the incident………………………………………………………………….

……………………………………………………………………………………………………………

Where did this incident take place?............................................................................................................

 Describe the accident/incident (include injuries received and any first aid or medical treatment given):



Who witnessed the incident? (Names, addresses, telephone numbers, and ages if under 16)

……………………………………………………………………………………………………………

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 e.g. Church Minister, elder, deacon)………………………………………………..

Signed:…………………………… Print Name:…………………………. Date:

*November 2013 Based on CCPAS form – used with permission*