

**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: .....