



## CLF Greenwich - Accident and Incident Form

<b>CLF Greenwich - Accident and Incident Form</b>		
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 Time (of the incident)		
Name: Address:  Ages (Of those involved in the incident)		
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Where did this incident take place?		
Name of place of worship/organisation		Name of Group
<b>Who is normally responsible for group (Include full contact details)</b>		
<b>Who was responsible for the group at the time of the incident, if different from the above? (name, address and telephone number)</b>		



**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 e.g. Pastor, Ministerial Team, HOD)



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

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