

# Incident/Accident Report Form

Report Number -

Date Form Completed -

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**Details of person concerned:**

- Name -
- Occupation -
- Address -

Postcode -

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**Person who completed this form:**

- Name -
- Occupation -
- Address -

Postcode -

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**Person concerned account of the accident or incident:**

- Date of accident / incident -
- Time of accident / incident -
- Room and place accident / incident occurred -
- How did the accident / incident happen?
- If the person suffered an injury, what was this?

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**Witness account the accident or incident:**

- Date of accident / incident -
- Time of accident / incident -
- Room and place accident / incident occurred -
- How did the accident / incident happen?
- If the person suffered an injury, what was this?

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**First Aid Provision:**

- Was first aid provided -
- Name of first aider -
- Address of First Aider -

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**Were any of the following contacted?** Family/Parents/Carers, Police or Ambulance

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**What happened following the incident?** E.g. carried on with session, went home, went to hospital etc.

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**Classification;** – Fatal / Major / Injury or emotional shock requiring first aid, out-patient treatment, counselling, absence from work (record number of days) / Feeling of being at risk or distressed

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**Does person involved in the accident / incident consent to disclosing their detail if required -**

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**If this is a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 please confirm that you called the ICC on 0845 300 9923 and that this has been reported – Yes / No**

REVIEW DATE 31.08.24