



07 - Incident/Accident Report Form

Date of incident/accident:

Name of person to whom incident/accident was reported:

Site where incident/accident took place:

Name of injured person:

Address of injured person (or state 'Council Employee'):

Name of any witness:

Address of witness (or state 'Council Employee'):

Reviewed at the Annual Parish Meeting on 20th May 2019, no amendments made minute ref: 19/22
Reviewed at the Full Council Meeting 17/05/2021 minute ref: 21/355 – no amendments

Nature of incident/injury and extent of injury:

Give details of how and precisely where the incident took place:

Describe what activity was taking place:

Give full details of any first aid treatment given and the name(s) of the first-aider(s):

Were any of the following contacted?

- Relatives/Parents/careers Yes No
- Police Yes No
- Ambulance Yes No

What happened to the injured person following the incident/accident?

e.g., carried on with activity, went home, went to hospital etc.

All of the above facts are a true record of the accident/incident

Signed:

Date:

Name:

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Please forward this completed form to the Parish Clerk

For office use only

Considered at Parish Council meeting on:

Follow up action required: Yes/No

Action Taken:

Please note that certain accidents MUST be reported to H&SE – see attached guidance