

CONFIDENTIAL
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.

The form will be sent to the Contagious Administrator for safe and secure storage.

Day, date and time of the incident _____

Names, addresses and ages of those involved in the incident _____

Where did this incident take place? _____

Name of the group: _____

Who is normally responsible for group? (name, address and telephone number) _____

Who was responsible for the group at the time of the incident, if different from the above? (name, address and telephone number)

Which other Leaders and Task Force 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? _____

Additional notes:

Signature of person in charge of group at time of accident/incident

Signed: _____ Print Name: _____

Date: ____/____/____

Form seen by Contagious Administrator:

Signed: _____ Print Name _____ :

Date: ____/____/____