

**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?

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What action have you taken to prevent a recurrence of the incident?

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