

Accident / Incident Report Form

This form should be completed and passed to your line manager as quickly as possible. All accidents or incidents should be reported within 24 hours of arising. Fill in all the information you know but do not worry if you cannot complete all sections.

Your Details

Name		Role	
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Person Involved Details

Name		Age / DOB	
Address		Parents Names	
Specific Needs	e.g. communication	Gender	

Summary

When & where was the accident/ incident? (Date and Time, activity & location)

Describe the incident/accident

(i.e. what preceded the incident, what happened, what injuries were sustained)

What aid was given, if any?

(e.g. First Aid, emergency services,etc)

Who was informed?

When Informed Time & Date	Name	Their Role e.g. Staff Member	Notes Informed by / Outcome or action from that

Person Reporting

Signature		Date	
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Witness 1

The information given on this form are, as far as I know, true

Name & Role		Address	
Phone No.		Signature	

Witness 2

The information given on this form are, as far as I know, true

Name & Role		Address	
Phone No.		Signature	

Line Manager

Name		Date Received	
Summary & Explanation of Initial Actions inc Dates	e.g.		