

Health and Safety

Accident Form

Details of person injured:				
Name:				
Date of Birth		Age		Male/Female
Details of the accident and injury?				
Details of the accident and injury:				
Date of Accident			Time of Accident	
Place/event injury occurred				
Nature of the Injury				
Details of the incident that cause the injury				
First Aid administered/action taken and by whom?				
Witness of Accident				

Please turn over

Health and Safety

Accident Form - continued...

Additional Comments	
Details of person completing the form:	
Contact number/email	
Signed	
Printed name	
Dated	

- *Please ensure the parent or guardian is informed if the person injured is under the age of 18, they should also be provided with a copy of this completed form.*
- *Please inform the minister/superintendent of all accidents/injuries that occur in a church building. The incident may need report to Methodist Insurance and to the Health and Safety Executive under RIDDOR legislation*
- *The form will be kept securely for 3 years.*