

INCIDENT REPORT FORM

WOODBASTWICK VILLAGE HALL

General details of incident

- Date of incident
- Time of incident
- Exact location of incident
- Which organisation or individual was in control of the premises at the time of the incident (i.e. the hirer)

Person who had the accident / incident

- Full name
- Age **Male** **Female**
- Address
- Nature of injury (if applicable and state left or right as appropriate)

Status of injured person (circle as appropriate)

- Employee of village hall committee
- Self-employed person
- Volunteer on village hall business
- Contractor (includes members of village hall committee)
- Member of the general public attending hall function
- Employee of another organisation

- Individual hirer
- Member of organisation hiring hall

Description of how accident / incident occurred

- What was the injured person doing at the time of the incident?
- (if applicable) Was this something they were authorised to do? **Yes No**
- (if applicable) Were they authorised to be where the incident occurred? **Yes No**
- When was the incident reported?

Date

Time

- Name of person who reported incident
- Was the incident witnessed by someone else? **Yes No**
- Details of report
- Was first aid treatment given on site? **Yes No**
- Was hospital/medical treatment obtained **Yes No**
- Details of treatment
- Anticipated absence from work

No time lost

Less than 3 days

3 days or more

- Any further details of report
- Action required to prevent recurrence

Signed by _____ Date _____

On completion, this sheet should be passed to the Hall Administrator for safe keeping.