



SAFEGUARDING FORM M

ACCIDENT AND INCIDENT FORM

The **Methodist** Church
Lancashire District

Name of Church:

Name of your group:

Day, date and time of the accident/incident:

What are the names, addresses, dates of birth and ages of those involved in the accident/incident?

Where did the accident/incident take place?
Specify the exact location

Who is normally responsible for the group?
[name, address and telephone number]

Who was responsible for the group at the time of the accident/incident, if different from above?
[name, address and telephone number]

Which other workers were supervising the group at the time of the accident/incident?
[names, addresses and telephone numbers]

Who witnessed the accident/incident?
[names, addresses, telephone numbers and ages if under 16 – normally only two witnesses will be needed]

<div>Type of Incident<div><input type="checkbox"/> Accident [physical]</div><div><input type="checkbox"/> Accident [vehicle]</div><div><input type="checkbox"/> Assault</div><div><input type="checkbox"/> Theft</div><div><input type="checkbox"/> Property Damage</div><div><input type="checkbox"/> Other</div></div>	<div>Describe the accident/incident [include injuries received and any first aid or medical treatment given]</div>
<div>Classification of Incident<div><input type="checkbox"/> Event/Facility related</div><div><input type="checkbox"/> Non-event/facility related</div><div><input type="checkbox"/> Minor injury/illness</div><div><input type="checkbox"/> Serious injury/illness</div><div><input type="checkbox"/> Non-injury</div><div><input type="checkbox"/> Other</div></div>	
<div>Action<div><input type="checkbox"/> Care not needed</div><div><input type="checkbox"/> Care refused</div><div><input type="checkbox"/> Medical attention on site</div><div><input type="checkbox"/> Referral to hospital</div><div><input type="checkbox"/> Ambulance transport</div><div><input type="checkbox"/> Patient requested ambulance</div><div><input type="checkbox"/> Released to own vehicle</div><div><input type="checkbox"/> Police summoned</div><div><input type="checkbox"/> Police report filed</div><div>Report No.:</div><div>Police name:</div><div><input type="checkbox"/> Report only</div></div>	<div>Have you retained any defective equipment? [yes/no/none involved]</div> <div>If so, where is it being kept and by whom?</div> <div>Who else do you need to inform?</div> <div>Have they been informed? [yes/no]</div> <div>If so, when and by whom?</div> <div>Signature of the person in charge of the group at the time of the accident/incident:</div> <div>Date:</div>
<div>Is the site or premises still safe for your group to use? [yes/no]</div>	
<div>Is the equipment still safe for your group to use? [yes/no]</div>	
<div>What action have you taken to prevent a re-occurrence of the incident?</div>	