

	<h1>Incident / Accident Report Form</h1>	Rev: 01
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Please complete & email to H&S Co-ordinator: healthandsafety@abbeyrunners.co.uk

1. Incident Details

INCIDENT DETAILS (please provide as much detail as possible)		
Incident Date:		
Incident Time:		
Incident Location:		
Activity:		
Activity Leader:		
Contact Details of Activity Leader:	Address:	
	Mobile Phone:	
Injured Person:		
Contact Details of Injured Person:	Address:	
	Mobile Phone:	
Details of how the accident/incident occurred: <i>Please provide as much detail as possible</i>		
Details of any injury sustained:		
First-Aid given?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of First-Aid provided:		
Name of First-Aider:		
Further actions taken:		<input type="checkbox"/> Emergency Contact Informed <input type="checkbox"/> HSE Informed <input type="checkbox"/> Ambulance Requested <input type="checkbox"/> EA Informed <input type="checkbox"/> Police Informed <input type="checkbox"/> Other:

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<p>What happened to the injured person after the incident/ accident?</p>	
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All of the above facts are a true record of the incident / accident:

Signed (Activity Leader):

Name:

Date:

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2. Incident/ Accident Review (to be completed by H&S or Welfare Officer)

INCIDENT / ACCIDENT REVIEW	
Was the issue resolved satisfactorily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suggested actions to reduce the potential of a similar incident/accident occurring in future.	

Signed (H&S or Welfare Officer):

Name:

Date:

Position:

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Document Revision History

Rev.	Date	Description of Change	Reviewer	Approver
0A	9/5/22	Issued for IDC	A Ellis	
01	11/1/23	New Document Issued	A Ellis	J Salih