**NMBC ACCIDENT & INCIDENT REPORT FORM**

About the person filling out this form:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Phone Number |  |
| Position | Church member  Staff  Visitor  Contractor |
| Signature |  |

About the person who had the accident (where relevant):

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Phone Number |  |
| Position | Church member  Staff  Visitor  Contractor |
| Signature (if possible)) |  |

If the person who had the accident is under 18, about the parent/carer (Where relevant)

|  |  |
| --- | --- |
| Name of accompanying adult |  |
| Relationship to child |  |
| Address |  |
| Contact Phone Number |  |
| Signature |  |

|  |
| --- |
| **Date and time of accident and/or incident:** |

|  |
| --- |
| **Exact location of accident and/or incident:** |

|  |
| --- |
| **Description of accident/incident (please give as full a description as you can, including how the accident happened and any treatment given)** |

**If first aid was administered, give details of who administered it**

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| **What caused the accident and/or incident?** |

**Space for additional notes**

**To be completed by the Church Office & The Diaconate**

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| **Date/Time Notified:** |

|  |
| --- |
| **Initial Actions (including RIDDOR report?)**  **Name:** |

|  |
| --- |
| **Recommendations:**  **Name:** |

|  |
| --- |
| **Diaconate Review date:**  **Outcome:**  **Closure/Further Actions required:** |