

# Network Church - Incident Form

This form should be completed immediately after any accident or significant incident. The worker should discuss with the Group Leader what follow up action is necessary.

**Day, date and time of incident:**

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**Name, address and age of those involved in the incident:**

*(use extra sheet if necessary and attach to form)*

Name:	Name:
Age:	Age:
Address:	Address:

**Location of incident:** \_\_\_\_\_

**Name of the group:** \_\_\_\_\_

**Person(s) normally responsible for the group: (Name, address and telephone number):**

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**Person(s) supervising the group at the time of the incident (names, addresses and telephone numbers):**

Name:	Name:
Tel No:	Tel No:
Address:	Address:

**Who witnessed the incident? (Names, addresses, telephone numbers and ages if under 16. Normally only two witnesses would be needed.**

Name:	Name:
Tel No:	Tel No:
Address:	Address:
Age if under 16	Age if under 16

**Describe the accident/incident including injuries received and any first aid or medical treatment given:**

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**Has any defective equipment been retained:**

YES    NO    None involved (Please tick)

**If YES, where is it being kept and by whom:**

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**What action has been taken to prevent a recurrence of the incident:**

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**Is the room still safe to use:**      YES      NO      (Please tick)

**Is the equipment still safe to use:**      YES      NO      (Please tick)

**Who else should be informed:** \_\_\_\_\_

**Have they been informed:**      YES      NO      (Please tick)

**If so, when and by and whom:**

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**Signature of person in charge of group at time of accident/incident:**

Signed: \_\_\_\_\_      Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Form seen by Group Leader:**

Signed: \_\_\_\_\_      Print Name: \_\_\_\_\_

Date: \_\_\_\_\_