Incident Report Form

WEAct
Woking Environment Action

Report Number **Date this form was completed**

Person concerned

Name Relationship to WEAct: Member / Volunteer / Visitor

Contact details (phone no. / address)

Person who completed this form

Name Relationship to WEAct: Member / Volunteer / Visitor

Contact details (phone no. / address)

Person concerned: account of the accident / incident

Date and time of accident / incident

Where accident / incident occurred

How did the accident / incident happen?

If the person suffered an injury what was this?

Witness: account of the accident / incident

Date and time of accident / incident

Where accident / incident occurred

How did the accident / incident happen?

If the person suffered an injury what was this?

First Aid Provision

Was first aid provided? Name of first aider

Contact details (phone no. / address)

Were any of the following contacted: Family/Parents/Carers/Police/Ambulance

What happened following the incident: e.g. carried on with session, went home, went to hospital etc.

Classification: Fatal / Major / Injury or emotional shock requiring first aid, out-patient treatment, counselling, absence from work (record number of days) / Feeling of being at risk or distressed / Other incident (e.g. financial/management issue)

Does the person concerned consent to disclosing their details if required Yes/No

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If this is a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 please confirm that you called the ICC on 0845 300 9923 and that this has been reported Yes/No

The Charity Commission requires serious incidents (including non-health and safety related ones) to be reported. Please forward this completed form to a WEAct Trustee or Project Leader.
