

This form with any attached reports or statements is to be treated as confidential and is prepared for the use of the Association Council in the event of a complaint arising or legal proceedings being anticipated or brought.

..... **Community Association**

Accident Report (Personal Injury Employee*/Other*)

To: Centre Manager/Chairperson From:

Section 1

To be completed in all cases

1. Full name and address of person injured
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2. Age
3. Occupation
4. Date/time of Accident
5. Place of accident
.....
6. Brief details of accident
.....
.....
.....
7. Nature of injury
8. Was the injured person doing something authorised or permitted to be done?
9. Did the accident occur at a place where the injured person was authorised to be at the time of the accident?
10. When was the accident first reported?
to whom, by whom and how (e.g. phone, writing, verbally)
11. When was the accident first recorded in the Accident Book?

ACC1

12. Name(s) and Address(es) of any witnesses
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13. Was the accident due to any defect of machinery and/or premises?
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14. If the answer to 13 is Yes give full details
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15. What action was taken after the accident (e.g. whether first aid was given, whether the injured person was sent home or to hospital or a doctor summoned)?
- Give name and address of doctor or hospital and state if admitted for 24 hours or more.
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16. Please give any observations that may be helpful in dealing with case
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Section 2

To be completed only in the case of an accident to an employee

17. Is the employee unable to follow his/her occupation as a result of the accident?
- If so, for how long?
18. Normal working hours on date of accident From.....to.....
19. (i) Did the employee do any work on the day of the accident after it happened?
- (ii) If so, please state time he/she finished work

Signed..... Name Date