



Name of Ministry/Activity: _____

- Campus of Incident:
- Conklin
 - Hallstead
 - Montrose
 - Vestal
 - Tunkhannock

This form must be used for the recording of all accidents, injuries and dangerous occurrences whether or not they need to be reported under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (R.I.D.D.O.R.) 1995.

The form should be completed as soon as possible after the occurrence. Whenever possible, the description of the accident should be completed by the injured person. All details should then be checked by a church official.

If there were any witnesses to the accident they should complete witness statements as soon as possible after the occurrence. Provision for these statements is provided overleaf.

This section to be completed by the injured person or person involved in the incident

Full name of person injured: _____

Home address: _____

Date of Birth: ____/____/____

Check appropriate box: Staff Volunteer Guest Member Child

Date of Occurrence: ____/____/____ Time of Occurrence: _____ AM / PM

Full description of the accident circumstances, including a description of any apparatus or equipment involved and any injuries received and first aid given. (attach separate sheet if more space is needed)

Signed by injured person: _____ Date: ____/____/____
or responsible adult on behalf of a child

