RSCM **Accident and Incident Form**

**for use on RSCM courses or events**

This form should be completed immediately after any accident or significant incident. The member of staff or tutor supervising the individuals or group at the time should discuss with the course director or representative of the Area Committee what follow up action is necessary.

Day, date and time of the incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and ages (if under 18) of those involved in the accident/incident

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Where did this accident/incident take place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who was responsible for or supervising the group at the time of the accident/incident? (Names and contact details)

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Who witnessed the accident/incident? (Names, contact details and ages if under 18)

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Describe as clearly as possible the accident/incident (using extra sheets if necessary.) If applicable, include a note of any injuries received and first aid or medical treatment given.

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Do you consider the site, premises or equipment still safe to use ? Yes ❑ No ❑

What follow up action has been taken to prevent a recurrence of the accident/incident?

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What further action should be taken? (This should be decided following discussion with the course leader or event organiser.)

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Who else should be informed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have they been informed? Yes ❑ No ❑

If so, when and by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person in charge of the activity at the time of the accident/incident

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

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

Signature of course director or event organiser:

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

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

**A copy of the completed form should be sent to the RSCM at the address below.**

RSCM, 19 The Close, Salisbury, Wiltshire SP1 2EB

tel 01722 424848 fax 01722 424849 email voluntary@rscm.com