

SPELTHORNE VOLUNTEER DRIVERS



**HEALTH AND SAFETY
ACCIDENT AND INCIDENT REPORT**

This form is to be completed as soon as possible after the accident or incident

Please forward a copy to the Chairperson for action and information

Subject of report.....Accident / Near Miss / Incident / Concern

Person making report

Date of occurrenceTime

Location of occurrence

.....

Injured person (if applicable) Full name, address and phone number

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Was First Aid administered? Yes/No

Name of First Aider

Specify First Aid administered

.....

Details of witnesses (Names, addresses, relationship)

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.....

Signature of person completing form

Name (please print)

Contact telephone number

For Administration only

Details of follow up action including action taken to prevent further accidents/incidents

Signature of SVD Chairperson or Committee Member