

Accident Report Form



Use for an injured person – If multiple people are involved use one form for each

Name:

Age:

Gender:

Is the injured person a candidate/team member/member of the public?

Any other relevant information about the individual related to this incident:

Accident

Date:

Time:

Details of the accident (what actually happened):

Scene of Accident

Location & Address:

Where exactly did the accident happen?

What injuries were sustained?

Describe the response (who was involved, what treatment was given – be specific):

The injured person (please circle):

- Remained in the building
- Was taken home
- Was collected by parents
- Went to hospital

Was there any equipment involved?

Was it operating at the time?

Describe the level of supervision at the time:

Please describe any further action/follow-up that is required:

Name of person completing the form:

Signature:

Date:

This form must be completed and given to whoever is responsible for the event as soon as possible after an accident. Within 48 hours after the event a copy must be sent to Allie Colp (acolp@nspeidiocese.ca)