

Olveston Parish Hall

Health and Safety Incident / Accident Form

Section 1 - About the incident

What are you reporting?

When did it happen?

Where did it happen?

What happened?

Witnesses?

Section 2 - About the person involved (if applicable)

Who was involved?

If near miss reported – please go to section 3 after completing 2.1. above

What type of injury has been sustained?

What treatment was provided?

Section 3 – Person Completing this Form (if different from Section 2)

Name of the person completing this form :

Address :

Contact Telephone Number:

Once complete, please provide this form to a member of the committee or the booking secretary.