WEST DOWN PARISH COUNCIL

Accident/Incident Form

West Down Parish Council	Accident / Incident Report Incident reports must be submitted to the Parish Clerk within 24 hours.
Contractor:	Incident Date : Incident Time :
Location of Incident:	Date of report:

Name of Injured:	Occupation of injured if a contractor:	Date of Birth of injured Party:
Witnesses: Please attach signed witness statements for all incidents involving personal injury		
Description of Incident:		

Injury Management (TO BE COMPLETED BY FIRST AIDER).			
Body Part Affected:	Head ☐ Neck ☐ Trunk ☐ Arm ☐ Hand v Fingers ☐ Leg ☐ Ankle ☐ Foot ☐ Eye ☐ Back ☐ Chest ☐ Multiple ☐ Others:(Define)		
Nature of Injury / Disease:	Fracture of Spine ☐ Other Fracture ☐ Dislocation ☐ Sprain / Strain ☐ Amputation ☐ Laceration ☐ Bruising ☐ Abrasion ☐ Burn ☐ Puncture ☐ Wound ☐ Poisoning / Toxic Effect ☐ F/Body ☐ Internal Injuries ☐ Other.....		
Signs & Symptoms & Treatment:			
Injury Status:	First Aid ☐	Site First Aid ☐	Doctor ☐
Hospital ☐	Full Duties ☐	Alt Duties ☐	Lost Time ☐
Object/equipment/substance inflicting harm:			
Immediate **causes:** (What substandard actions & conditions caused the event			
Basic Causes: (What personal action or fundamental job factors caused the event)			

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Remedial Action to Prevent Reoccurrence:	By Whom	When By	Sign when completed
WDPC Comments:			
Councillor Name:_____ Signature:_____ Date: _____			