

CHARNEY HALL AND FIELD TRUST (CHAFT)

CHARNEY FIELD INCIDENT / ACCIDENT REPORT FORM

*Please complete printed form in print or by hand, sign and pass to any CHAFT trustee
If space is insufficient, please continue on the reverse of the sheet*

1. Date and time of incident / accident	Date	Time (approximate)
2. Name(s) and age(s) of person(s) involved (if under 18, otherwise write "adult")	Name(s)	Age(s)
3. Where on the field exactly did the incident/ accident happen?		
4. What was going on at the time of the incident/ accident?		
5. What happened?		
6. Was any injury sustained? <i>If so describe what and to whom and any treatment required?</i>		
7. Name and contact address of adult carer supervising child(ren) <i>(in case of accident / incident involving child(ren) under 7)</i>		
8. Number of children present at time of incident / accident		
9. If issue was equipment-related, describe any part of the equipment which was damaged or not working before or after the incident/ accident	Before:	After:
10. Name, date & signature of person completing report	Name	Signature and date

Follow up by CHAFT (for CHAFT use only)

Add here any additional information about incident / accident		
What action, if any, is needed to reduce the risk of recurrence	<i>(e.g. monitor situation, repair or modify equipment, provide additional signage)</i>	
Describe actions, if any, subsequently taken to reduce risk of recurrence		
Insert Date and signature when action completed	Name	Signature and date