****

**REPORT ON ACCIDENTS TO PUPILS/STUDENTS & GENERAL PUBLIC/TENANTS AR2/AR3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1** What type of incident are you reporting? *please tick the appropriate box below* | | | |
| Accident to a Pupil or Student |  | Accident to a Member of the Public/Tenant |  |

|  |  |
| --- | --- |
| **Section 2** If this is an Accident to a Pupil or Student | |
| School or Centre | Department |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 3** Who did the Incident Occur to? | | | |
| Mr./Mrs./Ms./Miss | First Name | | Surname |
|  |  | |  |
| Date of Birth | | Age | |
|  | |  | |
| Persons Home Address | | | |
|  | | | |

|  |  |
| --- | --- |
| **Section 4** Where did the accident occur? | |
| Address | |
|  | |
| Date of Incident | Time of Incident am/pm |
|  |  |

|  |
| --- |
| **Section 5** Incident details |
| What Happened? |
|  |
| What was the extent of the injury? |
|  |

|  |  |
| --- | --- |
| **Section 6** Who was the accident reported to and when? | |
| Name | Position/Role |
|  |  |
| Date of Incident | Time of Incident am/pm |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 7** Witness details? | | | |
| Name | Address | Contact telephone number | Adult or child? or age |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 8**  First Aid Information | | | | | | | |
| Treatment Date: |  | Location: |  | | | | |
| Time: (am/pm) |  | Any Further Injuries |  | | | | |
| Treatment Given: |  | Action Taken: |  | | | | |
| Name of First Aider: |  | | | | | | |
| Was the Injured Person referred to Accident & Emergency (A+E) / Hospital? | | | | Yes |  | No |  |
| Did the IP follow the referral and attend A&E? | | | | Yes |  | No |  |
| Was the Injured Person detained in Hospital overnight or longer? | | | | Yes |  | No |  |

|  |
| --- |
| **Section 9** How did the accident occur? Give details on a separate sheet if necessary |
|  |

|  |
| --- |
| **Section 10** Following your investigation, describe any action you have determined necessary to prevent a re-occurrence. Give details on a separate sheet if necessary |
|  |

|  |  |  |
| --- | --- | --- |
| **Section 11** Was the incident due to possible defects in premises, equipment, tools and/or systems of work? | Yes | No |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Section 12** Are you satisfied that the Risk Assessment for this activity is suitable and sufficient? | Yes | No |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 13**  Is the Incident/Injury/Damage immediately reportable under **RIDDOR?** | | Yes | No |
|  | |  |  |
| **If the incident is reportable under RIDDOR, what is the report reference number?** | |  | |
| If Yes who reported it? | Date Reported? | | |
|  |  | | |

|  |  |  |
| --- | --- | --- |
| Name (Block Capitals) | Signature | Date: |
|  |  |  |