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

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| **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 | [ ]  |

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| **Section 2** If this is an Accident to a Pupil or Student |
| School or Centre | Department |
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| **Section 3** Who did the Incident Occur to? |
| Mr./Mrs./Ms./Miss | First Name | Surname |
|  |  |  |
| Date of Birth  | Age |
|  |  |
| Persons Home Address |
|  |

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

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

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

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

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| **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 | [ ]  |

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

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| **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 |
|       |

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

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

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| **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? |
|       |       |

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