

YFCU ACCIDENT/INCIDENT INVESTIGATION REPORT



Name of injured party: _____

Connection with YFCU: _____

Location of accident: _____

Address: _____

Date of Accident/Incident: _____ Time: _____

	Yes	No
Is the injured party a member of staff?	<input type="checkbox"/>	<input type="checkbox"/>
Was an accident report completed?	<input type="checkbox"/>	<input type="checkbox"/>
If yes are they on file at Headquarters?	<input type="checkbox"/>	<input type="checkbox"/>
Was the incident reported under RIDDOR?	<input type="checkbox"/>	<input type="checkbox"/>
Was medical treatment offered/given?	<input type="checkbox"/>	<input type="checkbox"/>
Did the injured party go to hospital	<input type="checkbox"/>	<input type="checkbox"/>
Were there witnesses to the accident/incident?	<input type="checkbox"/>	<input type="checkbox"/>
Are witness statements available?	<input type="checkbox"/>	<input type="checkbox"/>
If yes are they on file at Headquarters?	<input type="checkbox"/>	<input type="checkbox"/>
Is a current risk assessment available?	<input type="checkbox"/>	<input type="checkbox"/>
If yes is it on file at Headquarters?	<input type="checkbox"/>	<input type="checkbox"/>
Are personal training records available?	<input type="checkbox"/>	<input type="checkbox"/>
If yes are they on file at Headquarters?	<input type="checkbox"/>	<input type="checkbox"/>
Are relevant maintenance/service records available?	<input type="checkbox"/>	<input type="checkbox"/>
If yes are they on file at Headquarters?	<input type="checkbox"/>	<input type="checkbox"/>

Witnesses _____

History

Description of injury

Findings

Recommendations

Investigating Officer

Name: _____

Signature: _____

Date: _____