

## Addingham Civic Society Incident Report



<b>Name of the affected person</b>	
<b>Location/Event at which the incident took place</b>	
<b>Age (If child)</b>	
<b>Responsible Adult</b>	
<b>Date/Time of the accident/incident</b>	
<b>Nature of the Accident/Incident</b>	
<b>Nature of the injury (if applicable)</b>	
<b>Place</b>	
<b>Action Taken Including Professionals attending (if applicable)</b>	
<b>Follow Up</b>	
<b>Referral to Trustees?</b>	
<b>Recommendations and action to prevent a recurrence?</b>	
<b>Name of Person completing this report.</b>	

### Guidance

This form provides a record of any accident, serious incident or near miss occurring at any function held by the Addingham Civic Society or volunteering event. It should be completed as soon as possible following the incident and indicate any health professional who may have been notified e.g paramedic service.

Please forward the form to the [chairman@addinghamcivicsociety.co.uk](mailto:chairman@addinghamcivicsociety.co.uk) who will determine whether it should be brought to the attention of the Trustees. The Trustees will discuss and propose further action if it is considered that is required necessary to prevent a recurrence.

(Form updated 19<sup>th</sup> November 2024)