Robert Monk's Foxton Charity - Accident Report Form

Registered Charity Number 234281 June 2026

Date of incident..... Time of incident……

Exact location of incident…….

Which organisation or individual was in control of the premises at the time of the incident (who was the hirer?)

.....

Details - Person who had the accident

Full name..... Age.....

M / F ……

Address……

Nature of injury (state left or right as appropriate).....

.....

Status of injured person (tick as appropriate)

☐ employee of village hall committee

☐ self-employed person

☐ volunteer on village hall business

☐ contractor

☐ member of general public attending management function

☐ employee of another organisation

☐ individual hirer

☐ member of organisation hiring hall

Description of how accident/incident occurred.....

.....

.....

What was injured person doing at time of incident? ……

Was this something they were authorised to do? (circle) Yes No NA

Were they authorised to be where the incident occurred? (circle) Yes No NA

When was the incident reported? Date..... time…….

By whom was it reported? ……..

Was the incident witnessed by someone else? (circle) Yes No
Details.....

Was first aid treatment given on site? (circle) Yes No
Details.....

Was hospital/medical treatment required? (circle) Yes No
Details.....

Anticipated absence from work: (circle) Yes No
Time lost (circle) Less than 3 days 3 days or more

Any further details of accident……

Action required to prevent recurrence……
.....
…….

Signed by: ……. Date.....

Name.....
Address……