e-mail: clerk@onehouseparishcouncil.gov.uk

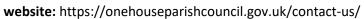
website: https://onehouseparishcouncil.gov.uk/contact-us/



Incident/Accident Report Form

Date of incident/accident:
Name of person to whom incident/accident was reported:
Site where incident/accident took place:
Name of injured person:
Address of injured person (or state 'Council Employee'):
Name of any witness:
Address of witness (or state 'Council Employee'):

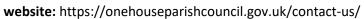
e-mail: clerk@onehouseparishcouncil.gov.uk





Nature of incident/injury and extent of injury:
Give details of how and precisely where the incident took place:
Describe what activity was taking place:

e-mail: clerk@onehouseparishcouncil.gov.uk





Give full details of any first a	id treatment given and the name(s) of t	the first-aider(s):
Were any of the following co	ntacted?	
Relatives/Parents/care	ers Yes □ No □	
Police Yes □ No □Ambulance Yes □ No	П	
		M2
	d person following the incident/accider	IL f
e.g., carried on with activity,	went home, went to hospital etc.	
All of the above facts are a tr	rue record of the accident/incident	
Signed:	Date:	
Adopted June 2025		Review May 202







Name:
Please forward this completed form to the Parish Clerk
For office use only
Considered at Parish Council meeting on:
Follow up action required: Yes/No
Action Taken:

<u>Please note that certain accidents MUST be reported to H&SE – Refer to Health & Safety Policy for further information</u>