

LOG NO



Incident and Accident Form

Name of person completing form	
Date form completed	

Incident or accident	
Date of inc/acc	
Person involved	
Witnesses	

Describe what happened – be thorough, time, place, what was happening before / after, others involved (continue onto another sheet as necessary) if accident compete accident book

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External - Reporting – who have you reported this incident / accident to			
	Name	Contact method	Reported to
Family			
Health Practitioner			
Social Worker			
SEN Team			
Other – specify			

Internal - Reporting – who have you reported this incident / accident to			
	Name	Advice given /action to complete	Reported to
Senior Manager			
Manager			

Action to be taken				
No	Action	To be completed by	Date to be completed	Completed
1.				
2.				
3.				
4.				

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Staff / Student debrief Staff / students present:	
No	Details of debrief
1.	
2.	
3.	

Any other relevant information

Outcome of incident and accident		
Status of incident / accident	Open	Closed

Signed by person completing the form	
Date	

Signed by senior manager	
Date	

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