

INJURED OR AFFECTED PERSON			
Surname:		Forename:	
Address:		Age:	Gender: M/F
Phone number:		Job/title:	
Is the injured person (tick appropriate box(es) below)			
Employee	<input type="checkbox"/>	Pupil	<input type="checkbox"/>
Member of the public	<input type="checkbox"/>	Work experience	<input type="checkbox"/>
		Self employed at work	<input type="checkbox"/>
		Other	<input type="checkbox"/>

Details of Accident, Incident or Near Miss	
Nature (state whether injury, near miss or other):	
Location:	
Date:	Time:
Witnesses:	

If witnesses were present, please provide full details. If necessary use a separate sheet.

Details of injury (to be completed by a member of staff)	
Nature (if none, write none):	
Part of the body:	

Treatment	
No treatment:	<input type="checkbox"/> Sent to hospital (if detained, for how long in hours):
Sent home	<input type="checkbox"/> Returned to class
	First aid* <input type="checkbox"/>
*If yes, name of First Aider:	
If at Sherborne Prep, location of where first aid was given:	
Matron informed (include time):	
For serious injuries Matron informed Head Master and Bursar (include time):	
Parents informed (include time):	

Parental signature (must for EYFS):			
Outcome (to be completed by Bursar/Matron)			
Not off school/work	<input type="checkbox"/>	Off work/school < 5 days	<input type="checkbox"/>
Temporary incapacity	<input type="checkbox"/>	Off work/school > 5 days	<input type="checkbox"/>
Death	<input type="checkbox"/>	RIDDOR report filed	<input type="checkbox"/>
		Permanent partial disability	<input type="checkbox"/>
		Permanent total disability	<input type="checkbox"/>

Description of events leading up to the accident or incident

Description of immediate actions (include parent informed)

Report completed by:	
Name:	Date:
Signature:	

Post incident (Bursar/Deputy Head)
Review of Health and Safety, event plan, risk assessment to update policy/training and to prevent reoccurrence

Recommendations (Bursar/Deputy Head)

Report reviewed by the Bursar	
Signature:	Date: