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|  | **ACCIDENT/INCIDENT REPORT FORM** |  |
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| SECTION A - TO BE COMPLETED BY THE PERSON INVOLVED, OR THEIR REPRESENTATIVE, AND RETURNED to the manager responsible for the ACTIVITY/Area/premises |
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| **1. Personal details of the person involved (PLEASE PRINT)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Surname** |  | F**orename(s)** |  | | | | **Home Address** |  | | | | | | **Postcode** |  | **Home Tel. No** |  | | | | **Age** |  | **DOB** |  | **M/F** |  | |  | | | | | | |

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| **2. Accident/incident**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Date** |  | | | **Time** |  | **AM/PM** | | **Exact Location** | |  | | | | | | **Give Full Details, Including Nature Of Activity Being Undertaken (Include Diagrams Or Photographs If Appropriate) and the reason why you hold the Council responsible for this incident.** | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | *(Continue On A Separate Sheet If Necessary)* | | | | | | | | **If Fall From Height, Please Give Distance** | | |  | | | | |  | | | | | | | |

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| **3. Injuries/action**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Part(s) of the body affected (State Left or Right)** | | |  | | | | | | | | | **Nature and extent of injury/ill health (bruise, etc)** | | |  | | | | | | | | | **Treatment given/Action taken** | | |  | | | | | | | | | **Who Administered Any Treatment** | | | | | | **Did The Person Go To Hospital** | | | | **YES / NO** | | | | **D****octor/Nurse** |  | **Self** |  |  |  | **If Yes** | **Time Spent In Hospital** | |  | | | | **P****aramedic** |  | **Other** |  | | | **Date** |  | **Immediately From**  **Scene YES / NO** | | | | |

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| **5. Witnesses**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** |  | **Name** |  | | | **Address** |  | **Address** |  | | | **Contact Number** |  | **Contact Number** |  | | |  | | | | |

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| **To The Best Of My Knowledge The Above Information Is Correct**   |  |  |  |  | | --- | --- | --- | --- | | **Person Completing The form** |  | **Signature** | | | **Date And Time First Reported** |  | | **To Whom?** |  | |  | | | |
| **The completed form, along with any supporting documentation, should now be forwarded to the Finance ADMINISTRATION TEAM MANAGER, Resources Directorate, Fylde Borough Council, Town Hall, Lytham St Annes FY8 1LW or e mail to** [**insurance@fylde.gov.uk**](mailto:insurance@fylde.gov.uk) |

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| **SECTION B** **– OFFICE USE ONLY - INITIAL INVESTIGATION, TO BE COMPLETED BY INVESTIGATING**  **OFFICER/LINE MANAGER** | | | | | | |
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| Investigator’s Name (Please Print) | | |  | Job Title |  | |
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| Are You Satisfied That The Details Given In ‘Section A’ Are Correct? | | | | | | YES / NO |
| If No, Please Give Details |  | | | | | |
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| Had A Risk Assessment Been Completed For This Task/Activity?  **If YES, Please Attach A Copy** | | | | | | YES / NO / N/A |
| Immediate Cause of Incident? | |  | | | | |
|  | | | | |
| Underlying Cause of Incident? | |  | | | | |
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| Immediate Action To Prevent Recurrence? | |  | | | | |
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| Future Action To Prevent Recurrence? | |  | | | | |
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| Is Further Training Required? | | | | | | YES / NO |
| If Yes, Please Specify |  | | | | | |
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| To The Best Of My Knowledge The Information Provided Is Correct   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Signature of Investigator | |  | | | Date |  | | **Counter Signature of Manager** | | | Signature |  | | | | Job Title |  | | Name (Please Print) |  | | | |  | | | | | | | | | | | | | |
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