

BISLEY WI VILLAGE HALL

Accident Report Form

General details of accident

•	Date of accident	Time of accident
•	Exact location of accident	
•	Which organisation or individual was in control of the premises at the time of the accident (who was the hirer)?	

Person who had the accident

•	Full Name	
•	Age	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
•	Address	
•	(if applicable) Nature of injury (state left or right as appropriate)	

Status of injured person (tick as appropriate)

<input type="checkbox"/> employee of village hall committee	<input type="checkbox"/> self-employed person
<input type="checkbox"/> volunteer on village hall business (includes members of hall management committee)	<input type="checkbox"/> member of general public attending hall function
<input type="checkbox"/> employee of another organisation	<input type="checkbox"/> contractor
<input type="checkbox"/> individual hirer	<input type="checkbox"/> other (please specify)
<input type="checkbox"/> member of organisation hiring hall	

What happened?

•	Description of how the accident occurred
•	What was the injured person doing at the time of the accident?

Now turn over

•	Was this something they were authorised to do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Were they authorised to be where the accident occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	When was the accident reported?	Date	Time
•	Who reported it?		
•	Was the accident witnessed by anyone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Details of the witness(es)		
•	Was first aid treatment given on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	If so, give details		
•	Was hospital/medical treatment obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	If so, give details		
•	Anticipated absence from work?	<input type="checkbox"/> No time lost	<input type="checkbox"/> Less than 3 days
			<input type="checkbox"/> 3 days or more
•	Any further details of accident		
•	Action required to prevent recurrence		

Signature of person completing this form	Date
Name	
Address	

When you have fully completed this form, please return it to Village Hall Accident Reports, 31 Windyridge, Bisley, GL6 7DA, or email a scanned copy to bookings@bisleywivillagehall.org