

ACCIDENT/INCIDENT FORM: OFFICE

<u>Who had the accident?</u> _____
<u>What is their status i.e. young person (service user), volunteer, worker?</u>
<u>Date and time of incident/accident</u>
<u>Details of incident/accident</u>
<u>What triggered the incident/accident?</u>
<u>How was the situation handled?</u>
<u>Who was present at the incident/accident?</u>
<u>Injury sustained</u>
<u>Action taken</u>
<u>Action taken to ensure the incident/accident does not re-occur</u>

Signature of worker/ volunteer _____

Signature of L.I.F.E./CAST Management Personnel _____

Date _____

This form must be given to one of the L.I.F.E. Directors so appropriate action can be taken.