

**ACCIDENT/INCIDENT FORM: ON PROJECT**

<b>Name of person</b>	<b>Date of birth</b>
<b><u>Date and time of incident/accident</u></b>	
<b><u>Details of incident/accident</u></b>	
<b><u>What triggered the incident/accident?</u></b>	
<b><u>How was the situation handled?</u></b>	
<b><u>Who was present at the incident/accident?</u></b>	
<b><u>Injury sustained</u></b>	
<b><u>Action taken</u></b>	
<b><u>Action taken to ensure the incident/accident does not re-occur</u></b>	

Signature of worker/ volunteer \_\_\_\_\_

Signature of Team Leader/Co-ordinator \_\_\_\_\_

Date \_\_\_\_\_

This form must be copied, a copy kept in the Project Folder and the original sent to one of the L.I.F.E. Directors.