Queen's Park Trust

Accident, Incident and Near Miss Report Form

Incident Date:	Incident Time:

Scene of incident
Address:
Location within the address:

Type of incident:	Accident ☐	Incident ☐	Near miss ☐

Incident details:
Description summary Please detail what happened, put facts not opinions. Do not use names, use roles e.g. "the participant", "the volunteer".
What action did you take? Detail the action taken at the time of the incident - if an emergency service was called note the details and call reference numbers.

What type of incident was this?		
Who or what was affected?	Select one only	
Activity participant ☐	Staff ☐	
Volunteer ☒	Public or visitor ☐	Incident affecting QPT ☐

Incident category		
Select all that apply		
Driving and transport ☐	Fire safety ☐	Fraud and theft ☐
Health and safety ☐	Information governance ☐	Practice related ☐
Safe environment ☐	Security and safety ☐	Falls/death/1st aid ☐

Person affected details	
Was anyone injured or affected by this incident? Select one only Yes ☐ No ☐ If someone was injured, please detail the injury and which part of the body was injured (e.g. left hand) below, if more than one person was injured, please complete a form for each person.	
Injury	
Part of the body injured	
Personal details of person affected	
Name	Role
Date of birth	Phone number
Email address	
Home address	
Additional information	
Did anyone witness the incident? Select one only Yes ☐ No ☐ If yes, please detail below and attach witness statements to this report.	
Name	Role
Date of birth	Phone number
Email address	
Home address	
If the witness is an employee or volunteer, where is their normal place of work or volunteering?	
Was anyone else involved in this incident? Select one only Yes ☐ No ☐ Example, First aider, driver etc. If more than one person involved, please provide details on a separate sheet.	
Name	Role
Email	Phone number
Involvement in incident	
Was any equipment involved in the incident? Select one only Yes ☐ No ☐ If yes, please detail below and if more than one piece of equipment was involved, please provide details on a separate sheet.	
Type of equipment	

Serial number
Description of defect
Are there additional documents attached to this form? Select one only Yes ☐ No ☐ Other documents include photographs, statements, drawings etc. please keep together with this document.
Details of person reporting the incident
Full name
Telephone number
Email address
Role at the time of the incident
Employee or volunteer?
Would you like feedback on your report? Select one only Yes ☐ No ☐

Please complete this form in entirety as soon as is practicably possible and file it in QPT records. Make changes as necessary to whatever applies, such as training, equipment, risk assessment, operational procedures, policies etc, and follow up to assess the effectiveness of the changes.

Thank you for taking the time to report this incident.