

LVSC Accident Reporting Form



Please complete this form then pass it to Health & Safety Officer

Location:	Reporting Person:	Date Reported:	Date received by H&S Officer:

Type of incident: Accident/Dangerous Occurrence/Near Miss (delete as appropriate)

Details of effected person (s): Name/Contact details of parent

Brief Details of the type of incident that has occurred and injuries (if any) to affect person (s):



Brief details of immediate Actions Taken:

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Could this accident happen again, if so what could be done differently to avoid this?

Health and Safety Officer to complete:

Does this incident require any root cause analysis to be undertaken?	YES/NO
Is the affected person (s) or parent satisfied with the outcome of the incident	YES/NO
Has the incident been recorded sufficiently	YES/NO
Have lessons learned been distributed to other squad leaders	YES/NO
Are you satisfied this incident requires no further action	YES/NO

Signed (person making report):

Signed Health and Safety Officer:

