Yellow Submarine Accident Form

Form Number:

Name and role of person completing this form:
Signature of person completing this form:
Date:

Details of Accident – Please give as much relevant information as possible

Date and time of accident:
Session/Activity:
Place of accident:
Name/s of person/s involved in the incident (e.g. Member, staff, volunteer):
Description of the event (what happened):
Witnesses (include contact details):
What happened next (e.g. First Aid given, actions taken to minimize further risk):

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Recording & reporting the accident

☐ Check the box to confirm parents/carers have been informed.	Date:
How? ☐ In person ☐ By Telephone ☐ Handover Form ☐ Email	
☐ Check the box to confirm Yellow Submarine senior management have been informed. **Please do this as soon as possible.**	Date: Reported to:
How? ☐ In person ☐ By Telephone ☐ Handover Form ☐ Email	
☐ Check the box to confirm the accident has been logged.	Date: Accident Log: http://my.hdle.it/31735546

Steps post-accident

Any follow up actions required (e.g. any safety measures put in place, equipment replaced):
To be completed by:
By when - Date: