

St Piran's Hall, Goldsithney TR20 9LF Accident Form

Policy statement

St Piran's Hall, Goldsithney is a village hall and is a registered charity located at South Road, Goldsithney, Penzance TR20 9LF. It's Management Committee is committed to providing a safe local facility for the community it serves. The Committee has adopted a Health, Safety and Hygiene Policy which ensures regular inspections of the hall by the committee and requires users to familiarise themselves with policies and procedures aimed to promote safe use of the hall and minimise accidents. Where accidents occur, it is important that they are recorded and notified so that any necessary lessons can be learnt from them and action can be taken to prevent reoccurrence.

General details of incident

- Date of incident _____
- Time of incident _____
- Exact location of incident _____

- Which organisation or individual was in control of the premises at the time of the incident (i.e. the hirer) _____

Person who had the accident

- Full name _____
- Age _____ **Male** **Female**
- Address _____

- Nature of injury (if applicable and state left or right as appropriate) _____

Status of injured person (circle as appropriate)

- Employee of St Piran's Hall
- Self-employed person
- Volunteer on St Piran's Hall business
- Contractor (includes members of St Piran's Hall committee)
- Member of the general public attending hall function
- Employee of another organisation
- Individual hirer
- Member of organisation hiring hall

Description of how accident/incident occurred _____ _____ _____ _____

- What was the injured person doing at the time of the incident?

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- (if applicable) Was this something they were authorised to do? **Yes** **No**
 - (if applicable) Were they authorised to be where the incident occurred? **Yes** **No**
 - When was the incident reported?
 Date _____ Time _____

- Name of person who reported incident _____
 - Was the incident witnessed by someone else? **Yes** **No**
 - Details of report _____
 - Was first aid treatment given on site? **Yes** **No**
 - Was hospital/medical treatment obtained **Yes** **No**
 - Details of treatment _____
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- Anticipated absence from work
No time lost **Less than 3 days** **3 days or more**
 - Any further details of report _____
 - Action required to prevent recurrence _____

Signed by _____ Date _____

On completion, this sheet should be passed to the Secretary of the hall management committee for safe keeping or placed in the letter box in the Foyer.

Secretary use only

Date received _____

Reported to Management Committee _____

Reviewed May 2021