

## Appendix F – AMMH accident form

Please complete the accident book / or form for recording minor incidents included in the hall’s Health and Safety folder.

Accident records are kept for eight years. Under Data Protection requirements accident books should not enable people to read personal information from previous accident records.

The accident book consists of single record sheets, that are detached from the book once completed and kept in a secure place.

Record sheets are numbered in sequence and the accident book includes an index sheet showing which numbered sheets have been completed and removed for safekeeping.

Th Acaster Malbis Memorial Hall Trustees can show a record (in the form of the index) of how many accidents have occurred and in what order, which they can link up with the completed accident record sheets which we hold separately for safe keeping.


The members of the management committee responsible for this record are:

Jenny Burt, Richard Karn, and Adam Doyle

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## Accident Book

Keep this book where people can easily get to it.  
Ensure the cover is kept after use.



Consecutive number of this book

For use at

Name of place \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Name of person/office responsible  
 for storing Accident Reports \_\_\_\_\_

Format complies with The General Data Protection Regulation (GDPR)

## Appendix F – AMMH accident form p2

Record sheets are to be numbered in sequence and the accident book includes an index sheet showing which numbered sheets have been completed and removed for safekeeping.

Report Number (consecutive)

Report Number (consecutive)

# + Accident Record

**1. About the person who had the accident**

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

**2. About you, the individual filling in this record**

If you did not have the accident write your address and occupation.

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

**3. Details of the accident (Continue on the back of this form if you need to)**

When it happened. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

Where it happened. State location \_\_\_\_\_

How did the accident happen? \_\_\_\_\_

Give the cause if possible \_\_\_\_\_

If the person who had the accident suffered an injury, give details \_\_\_\_\_

**4. Sign and date**

Person filling in the record.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Person who has had the accident (as confirmation they agree the accident has been recorded accurately).

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**5. For the employer only**

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_