Acaster Malbis Memorial Hall

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.

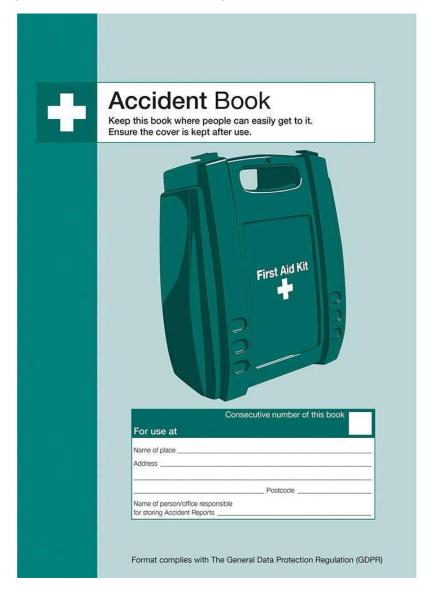
The accident book consists of single record sheets, that are detached from the book once completed and kept in a secure place.

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



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 (consecutiv	е)	
	Report Number (consecutiv	e)	
	+ Accider	t Recor	d
			ч
1.	About the person who had the accident		
	Name		
	Address	Postcode	
	Occupation	- Tomochi	
2.	About you, the individual filling in this record		
2	If you did not have the accident write your address and occupation.		
	Name	- 6.	
	Address	ostcode	
	Occupation		
3.	Details of the accident (Continue) the back of this form if you need to)		
	Dotallo Of the decident feet and an arrangement of the second of the sec		
	When it happened. Date / / The		
	White it happened. State colours	7	
	How did the accident happy		
	5/		
	Give the cause if possible		
	If the person who had the accident suffered an injury, give details		
	Sign and date Person filing 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		
16	Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).		
	How was it reported?	ALCO AND	
	Print Name	Sign	Date//