



# ACCIDENT REPORT FORM

(to be completed by person(s) involved in accident immediately after event)

**INAP, the School and parents/carers to be notified within 24 hours please**

Accident

Near Miss

## DETAILS OF ACCIDENT

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Name of Course: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ am/pm

Description of Accident: \_\_\_\_\_

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## DETAILS OF PERSON INVOLVED IN INCIDENT

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Name: \_\_\_\_\_ School: \_\_\_\_\_

Contact Address & Telephone No: \_\_\_\_\_

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Gender:

Male

Female

Name of Witness & Description of Accident: \_\_\_\_\_

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Any other persons involved? (give name & details) \_\_\_\_\_

Action Taken: \_\_\_\_\_

Comment By Trainer: \_\_\_\_\_

**FURTHER DETAILS**

Nature of Injury: \_\_\_\_\_

Part of Body Injured: \_\_\_\_\_

Was First Aid administered? If yes, by whom? \_\_\_\_\_

Other comments: \_\_\_\_\_

Signature: \_\_\_\_\_  
**(Trainer)**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
**(Person involved in incident/accident)**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
**(Witness -if applicable)**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
**(Manager – INAP)**

Date: \_\_\_\_\_

Follow up by INAP required? Yes / No

If yes, outline: \_\_\_\_\_