**Appendix 4.1**

**STAFF & ADULT ACCIDENT REPORT**

NAME OF ADULT INVOLVED IN ACCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_TIME:\_\_\_\_\_\_\_\_\_\_\_ PLACE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF HOW THE ACCIDENT OCCURED & THE ACTION WHICH WAS TAKEN:

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FIRST AIDER (WHERE RELEVANT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED (STAFF MEMBER/ADULT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up: (medical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SEND THIS FORM TO OPERATIONS MANAGER

ANY FURTHER ACTION REQUIRED? (TO BE FILLED IN BY FACILITIES MANAGER)