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| **Investigation details** |
| **Investigated by:** **Position:**  | **Contact details:**  |
| **Incident being investigated:** **Date of incident**:  | **Address of incident:**  |
| **Pastoral area:**  | **Parish:**  |
| **Name of Parish Priest:**  | **Parish phone number:**  |
| **Mobile telephone number:** | **Contact email address:**  |

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| **About the person(s) involved**  |
| **Name:**   | **Position / Job title:**  |
| **Age:**  | **Address:**   |
| **Contact phone number / email:**  |
| **Reason why the person was at the parish:**  |

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| **Additional information** |
| **If ill health was reported, was it diagnosed by a medical practitioner?**  |
| **Has the accident book been completed?**   |
| **Was first aid provided? (provide details)**  |
| **Have other accidents occurred in this area or when carrying out this activity? (if yes then please provide as much detail as you can and if necessary on a separate sheet)?**  |
| **Did the incident result in the person being unable to do their normal work/activities?**  |
| **Are inspection and maintenance policies available for the area?****Consider:** What are the inspection/maintenance arrangements for the area/activity/equipment?  |
| **Are inspection,** maintenance and/or repair records **of the area**/activity/equipment **available?**  |

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| **About the incident** |
| **Sequence of events leading up to and including the incident:**  |
| **Sequence of events following the incident:***
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| **Opinion of the investigator on what do you think contributed to the incident?** |
| **Does any action need to take place to prevent a recurrence?** |

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| **Details of people spoken to for completion of the report:** |
| **Name** | **Status**(e.g. employee, parishioner) | **Role in incident** (e.g. Supervisor, witness) | **Date**  |
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Documentary evidence such as pictures: