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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:** |
| **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: