



Near Miss / Incident / Accident Report & Investigation Form

This form must be completed and camp staff informed ASAP

In the case of **Medium Harm or worse**, please contact the Camp Host or the
Camp Office 07 824 8495 **immediately**.

1. Person(s) Involved:

Name: _____

Contact Number: _____ DOB: _____ Gender: M / F

Camper: ☐ Employee: ☐ Contractor: ☐ Other (Specify): ☐ _____

Previous recent injuries: _____

Permanent injuries, sickness, disabilities: _____

2. Person filling out the form:

Name: _____ Group Name: _____

Contact: _____ Position: _____

3. Details of near miss / incident / accident:

Location: _____

Date: _____ Time: _____ am / pm

Description of what happened: _____

4. Treatment Given: Nil ☐ First Aid ☐ A&E ☐ Ambulance ☐ Hospital ☐

What treatment was given: _____

By Whom: _____

5. Confirmation that Parent/ Caregiver was notified of the First Aid Treatment given. (as required) ☐ Initials: _____

6. Describe the cause of the near miss / incident / accident: _____

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

- Guarding
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning
- Distraction / fooling about

Other

Please hand completed form into the CYC Office or to your Host.

CYC Office to complete this side – PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

7. **Has a hazard been identified?** Y / N Investigate and update the Hazard Register accordingly

8. **Chance of the near miss, incident or accident recurring :**

Rare	Unlikely	Possible	Likely	Almost certain
☐	☐	☐	☐	☐

9. **Risk Severity:**

Life Changing	Major	Medium	Minor	Insignificant	No Harm / Near Miss
☐	☐	☐	☐	☐	☐

10. **First Review Corrective Action:** (What will be done to *minimise the risk of this happening again*)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person in control of the workplace: Name: _____

Signed: _____ Position: _____

11. **Serious harm:** Y / N **Registered:** Y / N

Logged on the National Health Database: Y / N **Sign by whom:** _____ **Date:** _____

12. **Second Review Corrective Action:**

Signed: _____ Position: _____

Date: _____



Christian Youth Camps

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