

## SweetTree Incident Report

**Section 1: To be completed in the event of any injury or accident including times when no injuries are apparent. The report should be completed within an hour of the incident occurring.**

Today's date \_\_\_\_\_

Time of the incident \_\_\_\_\_

Details of any witnesses to the incident \_\_\_\_\_

Details of the person involved in the incident:

Status: Client \_\_\_\_\_ Staff Member \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

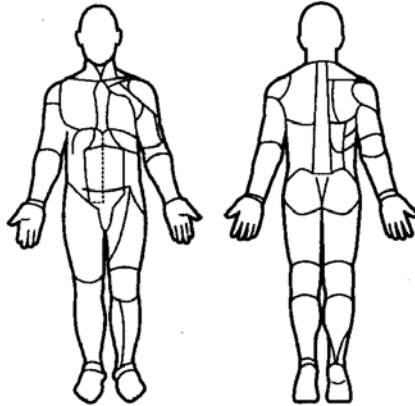
Occupation: \_\_\_\_\_ Age \_\_\_\_\_

Give details of the incident including location, circumstances, and any injury occurred.  
Describe any assistance given.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 1 Completed by:** \_\_\_\_\_  
*(Signature)* *(Print Name)*

**Section 2: Draw location of any injuries onto the body plan**



**Section 3: Notification**

Doctor : Yes / No (not required ) Time : \_\_\_\_\_ Name : \_\_\_\_\_

999 : Yes / No (not required ) Time : \_\_\_\_\_ Service : \_\_\_\_\_

Responsible party : Time : \_\_\_\_\_ Name : \_\_\_\_\_

**The responsible party must be notified within 12 Hours. Please note times tried to contact if not available** \_\_\_\_\_

SweetTree Manager informed. Time: \_\_\_\_\_ Name: \_\_\_\_\_

Was Hospital admission required: Yes / No If Yes which hospital \_\_\_\_\_

**Completed by: Signature**

**Print Name**

**Section 4: Follow up (to be completed by SweetTree Nurse)**

Further details of incident (nature of incident, nature of injuries, etc)

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How could this incident have been avoided?

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Follow up plan and treatment.

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If Staff Member will this result in more than three consecutive days absent from work:  
Yes/No.

Does the incident require notification to The Registering Authority  
Yes /No.

Does this incident require notification to The Health and Safety Executive  
Yes / No.

Other ( Name ) \_\_\_\_\_  
Yes / No

Follow Up completed by: \_\_\_\_\_ Date \_\_\_\_\_