**DUSEMOND ACCIDENT/INCIDENT REPORT FORM**

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| Date of accident/incident |  |
| Location of accident/incident |  |
| Time of accident/incident |  |
| Name of person(s) involved and/or injuredIndicate if Dusemond employee, student, member of school staff, contractor, general public, visitor or other (please specify) |  |
| Contact details of person(s) involved and/or injured | Name | Phone |
| Email |
| Address |
| Describe incident/accident (what happened, what caused the accident/incident, what were the nature of the injuries) |  |
| Which emergency services were called if any? |  |
| Was any medical treatment required and/or give? Please give details of what treatment was given and by whom |  |
| How could this accident/incident be avoided in the future? |  |