



Heartstart

Health and safety incident reporting form

In the case of a health and safety incident, the Heartstart Instructor should fill in this form immediately after the incident has happened. It must then be signed by both the injured person and the Instructor and sent to heartstart@bhf.org.uk.

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1. Scheme or school name

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2. About the injured person

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Name

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Address

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Postcode

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Home phone

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Mobile phone

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Gender

male/female

Date of birth

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Name and address of parent or guardian (if under 16 years)

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Postcode

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Occupation

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Address of employer

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Postcode

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If there was an obvious injury, please provide a detailed description of the injury
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Please continue on a separate sheet if necessary.
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When was the incident reported? Please state time and date reported.
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Please continue on a separate sheet if necessary.
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To whom was the incident reported?
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Please continue on a separate sheet if necessary.
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What action was taken by the Instructor when the injury was reported? If outside medical assistance was requested, please give details.

Please continue on a separate sheet if necessary.

Please provide any other relevant information

Please continue on a separate sheet if necessary.

4. Signatures

Injured person's name

Signature

Date

Heartstart Instructor's name

Signature

Date