Kelvin Players Theatre Company

**Accident Report Form**

|  |
| --- |
| 1. **About the person who had the accident**
 |
| Name: |  |
| Address:  |  |
|  |
|  | Postcode: |  |
|  |
| 1. **About you, the person filling in this record (if different)**
 |
| * *If* you *did not have the accident write your name, address and position*
 |
| Name: |  |
| Address:  |  |
|  |
|  | Postcode: |  |
|  |
| 1. **About the accident** *(continue on the back of this form if you need to)*
 |
| * When did it happen? Date
 |  / / | Time: |  |
| * Where did it happen (state which room or place)
 |  |
|  |
| * How did it happen? (Give the cause if you can)
 |  |
|  |
|  |
|  |
|   |
|  |
| * If the person who had the accident suffered any injury please say what it was
 |
|  |
|  |
| * Please sign the record and date it
 |
| Signature |  | Date |  / / |

*continue overleaf if necessary*

**Please pass this to the Chair** (chair@kelvinplayers.co.uk)**, Committee Secretary** (secretary@kelvinplaers.co.uk), **or to the Company Health & Safety Officer** (tmreid80@mw.com)