



THE CARLISLE DIOCESAN GUILD OF CHURCH BELL RINGERS

Patron: The Lord Bishop of Carlisle

INCIDENT INVESTIGATION FORM

Date of incident:		Incident report ref:	
Name of responsible lead:			
Name Guild H&S Officer:			
1. Name(s) of person(s) investigating incident:	Role:	Tower:	
Investigation date:			

MINIMAL/ LOW LEVEL INCIDENT INVESTIGATION FORM

About the person affected/ involved				
Name:			Guild member	
Contact details:	Tel: Email:			
Date of adverse event		Time of event		Location (Building/ Room)

Who was injured/ suffered ill health or was otherwise involved in the adverse event? What injuries or damage occurred?

How did the adverse event happen?

What activities were being carried out at the time?

			Further comments
Was there anything unusual or different about the 'working' conditions?	Yes	No	
Were there adequate safe working procedures and control measures in place?	Yes	No	
Were the people involved competent and suitable?	Yes	No	
Did other conditions influence the adverse event?	Yes	No	

What do you think contributed to the incident?

Equipment factors –

Human factors –

Job factors –

Organisation factors -

Immediate causes:

Underlying root cause:

Root cause:

Has the risk assessment/ safe working procedure for the activity been reviewed following the incident?

RISK CONTROL ACTION PLAN

CONTROL MEASURES	BY WHO	TIMESCALE	DATE COMPLETED

Signature of Branch Ringing Master:

Signature of Guild H&S Officer:

Section for use by CDGCBR Committee

Receiving H&S Officer:		Date:	
RIDDOR Reportable?	RIDDOR Ref:	Date:	
Date report passed to CDGCBR Committee:		Date report passed to Insurance Administrator:	
Date investigation report returned:		Further action required?:	

Supporting photos: