



THE CARLISLE DIOCESAN GUILD OF CHURCH BELL RINGERS

Patron: The Lord Bishop of Carlisle

Health and Safety Incident Report

Instructions:

1. Please use this form to report all bell ringing-related injuries, diseases, ill health and near misses. Note that this process is for Guild-run Events, and is subordinate to whatever requirements the Parish already has in place.
2. Complete the form immediately after the incident or arrange for someone to do it on your behalf.
3. Email the completed form to the Guild Health and Safety Officer without delay.
4. The Guild H&S Officer in conjunction with the Group Lead will then need to complete an Investigation and complete an OHS1b form.

Note: A separate report form must be completed for each person who is injured as a result of an accident.

Section 1 - About the Incident

1.1 What are you reporting?

1.2 When did it happen?

Day:

Date:

Time:

(24hr clock)

1.3 Where did it happen?

If CDG Tower, please select:

Please provide location within the church.
If for alternative location please describe it
in sufficient detail for another person to
locate it.

1.4 What happened?

Please describe the near miss, accident,
incident, dangerous occurrence etc.,
including events that lead to it, and details
about any equipment, substances or
materials involved.

1.5 What category best describes the incident?

1.6 Witnesses

Name (s) and contact details of anyone
who witnessed the incident.

Section 2 – About the Person involved (if applicable)

2.1 Who was involved?

Name, role and contact details (include
staff number and function name.) Please
include the full address for any volunteer or
third party injured (e.g. Contractor, visitor,
member of the public etc.).

If Near Miss reported – please go to Section 3 after completing 2.1 above.

2.2 What type of injury / illness / disease has been sustained?

Please include which part / side of the
body was affected.

For injuries only:

2.3 What treatment was provided?

Please include whether first aid and/or hospital treatment was needed

2.4 Did the injured person go straight back to ringing afterwards?

Section 3 – Person Completing this Form – If same as Section 2.1 above, go to Section 4

3.1. Details of the person completing this form (if different to those give in box 2.1 above)

Name, role and contact details (include staff number and Function name). If you are a volunteer or third party (e.g. a contractor) please include your full address

3.2. Date form completed:

Section 4 – Information Sharing

This form will be held by the CDGCBR and used to assist in the monitoring of accidents and incidents and for the identification of suitable corrective actions.