

Visiting Volunteer Near Miss/Incident/Accident Reporting and recording process

The Masonic Charitable Foundation (“the Foundation”) (Registered charity number 1164703, Company number 09751836) is committed to the Health and Safety of all its volunteers.

Visiting Volunteers have a responsibility to report all accidents resulting in injury and non-injury incidents and ‘near miss’ incidents which involve any person and which are associated with any Visiting Volunteer activities. This includes physical attacks, serious or persistent threats and verbal abuse.

An accident/incident/near miss form should be completed and returned to Masonic Support Programme Lead, Masonic Charitable Foundation, 60 Great Queen Street, London, WC2B 5AZ as soon as possible after the accident/incident/near miss. The form asks for details of when the accident / incident/near miss occurred, who was involved and any relevant circumstances that may have contributed to the accident / incident/near miss.

Under the RIDDOR Regulations 1995 the Foundation must report any accident resulting in major injury to Visiting Volunteers or others. Any accident which results in a Visiting Volunteer or another person being taken directly to hospital must also be reported by the Foundation.

Less serious incidents and ‘near miss’ incidents are recorded and will be monitored. Action will be taken if there is an increase in reports, several reports within a short period or reports about the same individual. Action taken may include contacting the police about a persistent offender, reviewing the risk assessment and considering further prevention measures, or increased vigilance by the Foundation and Visiting Volunteers to prevent a more serious incident occurring.

ACCIDENT REPORT FORM

This form is to be completed by Visiting Volunteers where an accident results in a person being injured, however minor the injury. If the person involved has suffered a major injury or is taken to hospital then contact the Masonic Charitable Foundation immediately.

Details of person involved in the accident

Name:	
Address:	Postcode:
Contact No:	
Volunteer: <input type="checkbox"/>	
If other please specify: (e.g. member of public, applicant)	

Details of person filling in this report

If you did not have the accident but are filing the report, place your details below:

Name:	
Address:	Postcode:
Contact No:	
Volunteer: <input type="checkbox"/>	
If other please specify: (e.g. member of public, applicant)	

Description of accident (continue on additional sheets if required)

Location of accident (room, dept., building, vehicle, etc.):	
Date:	Time:
Details of how accident occurred with cause if known:	



Details of all injuries suffered by the person involved:

List any actions that could be put in place to stop this accident occurring again:

Name:

Signature:

Date:

Witness

Name:

Address:

Postcode:

Contact No:

**Completed forms should be returned to Masonic Support Programme Lead,
Masonic Charitable Foundation, 60 Great Queen Street, London, WC2B 5AZ.**

**All information provided will be treated in accordance with Data Protection
Regulations.**



To be completed by the Masonic Charitable Foundation

Is the accident reportable under RIDDOR? YES / NO

Name:
Signature:
Date notified:

Actions that can be taken to stop the accident occurring again

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Date implementation begins

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Signature

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INCIDENT/NEAR MISS REPORTING FORM

This form is to be completed by Visiting Volunteers where there is an incident but no one is injured or a near miss event which could have resulted in an incident. By reporting at this stage, it may be possible to stop someone being seriously injured in the future. Incident and near miss reports can be made anonymously.

Person reporting the incident/near miss

Name (optional):	
Address (optional):	Postcode:
Contact No (optional):	

Description of the incident/near miss (continue on additional sheets if required)

Location of incident/near miss (room, dept., building, vehicle, etc.):	
Date:	Time:
Details of how incident/near miss occurred with cause if known:	
List any actions that could be put in place to stop this incident occurring again:	
Name:	
Signature:	
Date:	

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To be completed by the Masonic Charitable Foundation

Actions that can be taken to stop the incident occurring again

Date implementation begins

Signature

Last reviewed/updated: August 2018

Next review / update due: August 2019