



Choirs Connected Accident Log (See Health & Safety Policy)

Venue: _____

Staff completing report: _____ Room: _____

Date and time of incident: _____

Location of the incident:

Person(s) involved in the incident:

Staff

Participant

Description of the incident:

Immediate action in responding to the emergency:

Action taken (or required) to prevent such incidents in the future:

Witnesses to the incident: _____

Date/time of report

Name/Signature

Report shared with Host School (Name)

Name/Signature (Host School)