

## **Visiting Volunteer 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 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 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. The form asks for details of when the accident / incident occurred, who was involved and any relevant circumstances that may have contributed to the accident / incident.

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 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 REPORTING FORM

This form is to be completed by Visiting Volunteers where there is an incident but no one is injured. By reporting at this stage, it may be possible to stop someone being seriously injured in the future. Incident reports can be made anonymously.

### Person reporting the incident

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

### Description of the incident (continue on additional sheets if required)

Location of incident (room, dept., building, vehicle, etc.):	
Date:	Time:
Details of how incident 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 accident occurring again**

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**Date implementation begins**

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**Signature**

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**Last reviewed/updated: August 2017**

**Next review / update due: August 2018**