Model Incident Report Form by the Bikeability Trust. Version 2, April 2021.

All **red type** should be replaced by the relevant information specific to your organisation. Yellow highlights indicate where the model Incident Report Form fulfils the Bikeability Trust’s requirements as set out in the ‘Training provider application form.v8’ of April 2021.

This template can be used as the basis for Training providers’ Incident Report Form. It needs to be adapted, based on individual requirements and information added, before it will be fit for purpose. The Training provider should ensure that it covers all environments where Bikeability training is delivered including, but not restricted to, after school clubs, holiday schemes and Bikeability Plus Family and Adult training.

The form must be available to all instructors.

This form must be completed in the event of

* Serious incidents and accidents to riders, instructors or members of the public
* Minor incidents and accidents and near misses to riders, instructors or members of the public
* Damage and loss of property or equipment
* Altercations with a member of the public
* Aggressive or threatening behaviour of a rider
* Where an instructor does not feel in control of the situation

The form must be completed within 24 hours of the incident occurring.

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| **Person injured or affected by incident** |
| Name  |
| Contact Details |
| Participant / Instructor / Volunteer / Other |
| Age |

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| **Instructors present** |
| Name Instructor 1 |
| Contact Details |
| Name Instructor 2  |
| Contact Details |

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| **Drivers and Vehicles involved** |
| Name  |
| Contact  |
| Insurance Details |
| Registration number |
| Make and colour |
| Type and colour |

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| **Witnesses** |
| Name Witness 1 |
| Contact Details |
| Name Witness 2  |
| Contact Details |
| Name Witness 3 |
| Contact Details |

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| **What happened** |
| Date, time and location of incident |
| Describe what happened You should also, in the space provided overleaf, or on a separate sheet of paper, provide a sketch |

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| Describe the situation i.e. environment, weather, type of road |
| Describe all injuries (however minor) that resulted |
| Describe all damage to property (e.g. bicycles) that resulted |
| Describe any actions, first aid/medical attention given at the time of the incident |
| **After the incident** |
| What happened after the incident? Include your actions |
| Next of Kin contactedInclude the name and contact details used to report toThe time and date of the report |
| School contactedInclude the name of the school, the person you reported toThe time and date of the report |
| Police contactedThe time and date of the reportInclude the crime report number |
| What could be done to prevent this from occurring again: |

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| **Signature of Person reporting** |
| Signature  |
| Print name  |  Date: |

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| **Health and Safety** **Lead actions** |
| **Report to parents/guardians/schools**Has the instructor reported this incident to the parents or guardians?For school based training:Has the instructor reported this incident to the school?Does the Health and Safety Lead need to report this incident to parents, guardians or the school?If so, take notes about when, to whom and by what means this was done. |
| **Is this report about a serious incident?** A serious incident is defined as an incident that meets the definition of [Charity Commission Serious Incident Reporting Examples](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752170/RSI_guidance_what_to_do_if_something_goes_wrong_Examples_table_deciding_what_to_report.pdf). [ ]  yes [ ]  no |
| **Report to Grant recipient**All health and safety incidents, accidents and near misses need to be reported to the Grant recipient.Please note the date and means of your report to the Grant RecipientYou may want to attach a copy of your report to this form |
| **Report to Grant recipient**All serious health and safety incidents need to be reported to the Bikeability Trust.Please note the date and means of your report to the Bikeability TrustYou may want to attach a copy of your report to this form |
| **Review of the Health and Safety policy, Emergency procedures, Risk Assessments and incident reporting** DateHow do the above documents need to be changed? |
| What learning from this incident needs to be fed into Quality Improvement Plan? |
| Other actions taken |

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| Signature of Training provider Health and Safety Lead |
| Signature Health and Safety Lead |
| Full name of Health and Safety Lead |  Date: |