

Hampsthwaite Memorial Hall  
Hollins Lane  
Hampsthwaite, HG3 2EJ  
Reg Charity No. 523703  
H.B.C. Licence No. WK/050606862



**Bookings:**

Email: [Bookings@hampsthwaite.org.uk](mailto:Bookings@hampsthwaite.org.uk)  
Web: [www.hampsthwaite.org.uk/memorialhall/](http://www.hampsthwaite.org.uk/memorialhall/)

**Hampsthwaite Memorial Hall Management Committee  
Accident Report Form**

**General:**

All users of the Memorial Hall are required to report any accidents occurring on the premises. The Hirer is deemed to be the 'responsible person' and, in addition to completing the 'Accident Record Form' as provided overleaf, should report the accident or incident, including near misses, to either the Bookings Secretary (01423 770399) or the Management Committee (01423 522215). All accidents and incidents should be recorded because by investigating these, action may be identified to prevent further accidents.

**Major injuries or incidents:**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires that the following **must** be reported to the Health and Safety Executive using their online forms found at <http://www.hse.gov.uk/riddor/report.htm>:

- fracture, other than to fingers, thumbs or toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- any penetrating injury to the eye (including chemical)
- injury from electric shock/burn leading to unconsciousness or requiring resuscitation or
- admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- acute illness requiring medical treatment or loss of unconsciousness arising from absorption of any substance by inhalation, ingestion or through skin
- acute illness requiring medical attention which may have resulted from a biological agent or its toxins or infected material

Relevant examples of reportable dangerous occurrences include:

- electrical short circuit or overload causing fire or explosion
- collapse or partial collapse of a scaffold over 5m high
- unintended collapse of a building under construction or alteration, or of a wall or floor
- explosion or fire

All incidents can be reported online but a telephone service remains for reporting fatal and major injuries **only** - call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

**Contacts:**

<b>Bookings Secretary:</b> <a href="mailto:Bookings@hampsthwaite.org.uk">Bookings@hampsthwaite.org.uk</a>	<b>Memorial Hall Management Committee:</b> <a href="mailto:memorialhall@hampsthwaite.org.uk">memorialhall@hampsthwaite.org.uk</a>
<b>Doctor's Surgery</b> (Hampsthwaite) 01423 770802	<b>Doctor's Surgery</b> (Birstwith) 01423 770202
<b>Harrogate</b> <b>Police Station</b> Dial 101	<b>Harrogate</b> <b>Fire Service</b> Dial 999
<b>Electricity Supplier</b> (24hr Emergency service) 0800 66 88 77	<b>Gas Supplier</b> (National Gas Emergency service) 0800 111 999

**Hampsthwaite Memorial Hall : Accident Report Form****Contact details:**

1. Name of person reporting :

2. Address :

3. Contact telephone number :

4. Name and address or contact  
details of injured person :

5. Name of person in charge

*(e.g. course or event organiser)***Details of incident/accident :** *(note: this should be factual and not express an opinion)*6. Date and time  
incident/accident occurred

7. Location of incident/accident

*(e.g. Main Hall, stage, car park, etc.)*8. Nature of incident/injury and  
extent of injury9. Was the incident due to any  
mains utility service fault?*(e.g. electricity, gas, water)***Actions taken :**10. Were any of the following  
contacted?

- Parents/carers **Yes/No**
- Police **Yes/No**
- Ambulance **Yes/No**
- Fire Service **Yes/No**

11. Was any First Aid  
administered?

- *(describe if yes)* **Yes/No**

12. What happened to the injured  
person following the  
incident/accident? Did they  
require further treatment?*(e.g. carried on with session, went home, went to hospital  
etc.)***All of the above facts are a true record of the accident/incident**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_