



Guild of Silk Painters

INCIDENT FORM

| | |
|---------------------------------------|--|
| Who was involved (age if under 18) | Name and contact details |
| What happened | Jane caught her hand on a hot iron that she was using whilst fixing her artwork. |
| Where did it happen | Address of the venue and location in the room |
| When did it happen | Date and time |
| Action taken | Jane was advised to push her hand under a cold tap in the room immediately. She was also taken to the first aider of the college who dressed the burn and advised her on seeing her GP if she had any problems. Jane decided she wished to continue participating in the class and wore a latex glove to protect her hand. |
| Witnesses | Name and contact details |
| Person completing the form | Name, Signature and contact details |
| Date and time the form was completed | 26.3.2020 at 14.00 |

Advice on completing this form

Please ensure that the person involved or any witness realises that their names and contact details will be held for three years for any adult or until a child is 21 years old. This information will only be stored and used in connection with any claim resulting from injury.

Please advise the insurance officer of the Guild (Tatiana Iseborn) that an incident has occurred and discuss the content and safe storage of any personal details collected.

Information about the incident forms

The purpose of an incident form is to ascertain the circumstances of any incident:
To record it so that future incidents may be prevented and to record it so that details are available in the event of any future insurance claim

Is there anything you would do differently next time or anything extra to consider in your risk assessment?

Incidents and accidents may not be preventable. Life happens and we can't prevent everything.

All incidents are important to record as a claim may be made at a later date in our litigious society even if someone appears happy at the time.



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INCIDENT FORM

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|--|--|
| Who was involved: names and contact details (age if under 18) | |
| What happened | |
| Where did it happen (address and location in room) | |
| When did it happen (date and time) | |
| Action taken | |
| Witnesses names and contact details | |
| Person completing the form (<i>name, signature and contact details</i>) | |
| Date and time that form was completed | |

Please advise the insurance officer of the Guild (Tatiana Iseborn) that an incident has occurred and discuss the content and safe storage of any personal details collected.