

REPORT ON INJURIES, ACCIDENTS AND DEATH ARISING FROM CADET FORCE ACTIVITIES ⁽¹⁾

(For use by the CADET FORCES/CORPS after an incident/accident involving members of the Cadet Forces/Corps or involving Cadet Force/Corps activities.)

PART 1 - EVENT DETAILS (To be completed by CEO or CVAV in charge of activity)	Date of Report (DD/MM/YYYY)				Time of Report			
	Date of Event (DD/MM/YYYY)				Time of Event			

PART 2 - DETAILS OF INJURED/ILL PERSON (To be completed by CEO or CVAV in charge of activity)			Staff/Service number (if applicable)					
Surname:			Forename(s)					
Male <input type="checkbox"/>	Female <input type="checkbox"/>	DOB	Training Proficiency Held					
Establishment or Unit affiliation								
Description of Injury/ill health (including an explanation of how the injury occurred, if applicable).								

PART 3 - TO BE COMPLETED BY A MEDICAL OFFICER (not a First Aider), as soon as possible after the event.									
Nature of injury.									
Site of injury.									
Is the injury compatible with the description at Part 2?					Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the injury serious?					Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the injury of such a nature that it might be a factor of a later disability?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Possibly <input type="checkbox"/>		
Was the casualty admitted to hospital?					Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If YES , give the name and address of hospital. (This space may also be used for remarks by the Medical Officer).									
Print Name				Signature					
Appointment				Date					

Produced by MOD, TES TIG 5 Media Bath. Telephone: 01225 467823

Notes:

1. This form is to be completed as soon as possible after the event and communicated to Formation HQs/Cadet HQs within 48 hours. If all the information required is not available within that period it may be sent up the chain of command incomplete, further information should be communicated up the chain of command when it is available.

PART 4 - EVENT ANALYSIS

Event Type (2)		Injury <input type="checkbox"/>	Ill health <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Fatality <input type="checkbox"/>
		HSE Dangerous Occurrence <input type="checkbox"/>		Damage or fire only <input type="checkbox"/>	
RIDDOR reportable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number(s) Affected		MOD Premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Place/Location			Event Kind (3)		
Identify cause or contributing factors (4)					
Event Summary (5)					
Lessons Learned & Remedial Action(s)					
Further Inquiry (6)		Yes <input type="checkbox"/> No <input type="checkbox"/>	if YES by whom?		

CERTIFICATION BY PERSON IN CHARGE (7)		Service/Staff Number	
Surname		Forename(s)	
Telephone No.		Parent Establishment or Unit	
Grade/Appointment		Signature	
Details of Person who reported the Event if different from above			
Print Name		Appointment	
Telephone No.		Parent Establishment or Unit	

PART 5 - IS FOR THE USE BY CCF (ARMY SECTIONS) AND ARMY CADET FORCE ONLY**Statement by Contingent Commander/Cadet Commandant**

1	Was the Injury sustained in the performance of an authorised cadet activity? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2	The answers given on this form are, to the best of my knowledge correct.		
Print Name		Signature	
Appointment		Date	

Notes (continued.):

2. Tick those applicable, an event might be reported as more than one type.
3. Physical, activity and/or human based.
4. What happened? Relate to the primary cause of the event
5. To contain key information that will allow the Event to be identified readily, any relationship with previous events should also be recorded, also to include measurement of any height or distance of a fall in metres.
6. Police, HSE, Board of Enquiry.
7. This normally to be signed at SCC Area Office, CCF Contingent, ACF County, or ATC Wing HQ level.