



Cheadle (Staffs) U3A

ACCIDENT FOLLOW UP

To be completed by the H&S Officer and attached to the Accident Report Form. A copy should be sent to the Group Leader and the Person(s) involved.

Name of person <ul style="list-style-type: none">• Injured• Near Miss <i>Please specify</i>		Log No.
---	--	----------------

Follow Up Findings /Root Cause	
Action Taken to prevent recurrence/ remove hazard	
Action taken by and on what date	
Date copy to Group Leader	
Date copy to Injured Party	
Supplementary Notes <i>If applicable</i>	

Signed:.....(H&S Co-ordinator) Date:.....