



**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.

<b>Name of person</b> <ul style="list-style-type: none"> <li>• Injured</li> <li>• Near Miss</li> </ul> <i>Please specify</i>		<b>Log No.</b>
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<b>Follow Up Findings /Root Cause</b>	
<b>Action Taken to prevent recurrence/ remove hazard</b>	
<b>Action taken by and on what date</b>	
<b>Date copy to Group Leader</b>	
<b>Date copy to Injured Party</b>	
<b>Supplementary Notes</b> <i>If applicable</i>	

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