

## Health and Safety / Risk Assessment SAFETY INCIDENT FORM

<b>Name of young person:</b>	<b>DOB and Age of young person:</b>
<b>Date and setting:</b>	
<b>Nature of concern/incident:</b>	

<b>Action taken:</b>
<b>Date:</b>

<b>1. Signed:</b>	<b>2. Signed:</b>
<b>Name (print):</b>	<b>Name (print):</b>
<b>Position:</b>	<b>Position:</b>
<b>Date:</b>	<b>Date:</b>

This form provides a record within the setting of concerns or incidents relating to health and safety.