



ALTERNATIVE PROVISION

Accident Investigation

Approval Date: [January 2026](#)

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Approved by: [RAISE-AP Educational Directors](#)

Approval Signatures

*RAISE-AP
Directors*

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Aims

The **RAISE AP** accident investigation form is designed to assist staff in following a logical procedure to enable them to adequately investigate accidents / incidents in order that lessons can be learned to prevent similar accidents and incidents in the future.

The information gathered is be used to improve the management of health and safety within **RAISE AP**.

Accident Investigation Form

Date & time of accident / incident	Insert date and time of accident/incident
Name/location of accident / incident	Insert name & address of the premises/organisation
Name of injured party or parties	Insert details of those that were injured/nearly injured
Circumstances of accident / incident	Insert description/details about what happened

Immediate response/actions taken	Insert details about initial/emergency actions taken		
Witnesses to accident / incident	Insert names/roles of witnesses to accident/incident		
Witness statements taken / attached	Insert which witness statements are attached		
Control measures currently in place	Insert any control measures in place at time of incident		
Contributory factors	Tick which of the following contributed to incident		
Defective premises/fittings/fabric		Defective equipment/plant/materials	
Incorrectly issued or defective PPE		Incorrect use or non-use of PPE	
Poor layout of premises		Poor environment (eg. heating, vent)	
Poor behavioural management		Lack of appropriate supervision	

Lack of training/knowledge/skill		Poor housekeeping (eg. storage)	
Inadequate safe working practices		Failure to safely plan activity/task	
Failure to determine/appreciate risk		Lack of care by individual	
Lack of information for injured party		Horseplay or fighting	
Alcohol or medication		Workload (eg. pressure, fatigue)	
Violence & aggression		Medical condition (eg. of pupil)	
Risk assessment	Tick any or all of the following as applicable		
Had a risk assessment been done		Had this hazard been identified	
Were control measures set in place		Were there documented procedures	
Were documented procedures used		Do current procedures need review	
Does risk assessment need review		Is a new risk assessment required	
Immediate causes	Insert your determined immediate causes of incident		

Underlying causes	Insert your determined underlying causes of incident
Control measures required	Insert any required actions to prevent reoccurrence
Other relevant information	Insert other details which may assist/support findings
Name of person completing report	
Signed by person completing report	
Date of signature	
Name of responsible manager	
Signed by responsible manager	
Date of signature	

Raise Values

Our [RAISE-AP values](#) (Resolve, Attitude, Invest, Social Skills and Education) are key in everything we do, specifically with attitudes (modelling and expectations), invest (tailoring setup for our young people) social skills (becoming part of a community) which are linked to our Accessibility policy.
