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| **Name:** |  | **Date Completed:** |  |

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| 1. **Define an Accident?** | |
| Potential to cause injury or ill-health | When I needed to apply abit of care |
| Potential to cause injury or ill-heal | Employee or customer suffers a personal injury |

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| 1. **What training do you need to treat casualties?** | | |
| A quick training session with my Manager | Appropriate First Aid qualification |
| None | Any sport and leisure qualification |

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| 1. **What must be reported?** | | |
| Work-related accidents, which cause death to employees & members of the public | Accidents outside our premises |
| Accidents at home | Work-related accidents, which cause certain serious injuries |

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| 1. **When would you report an accident to a member of the public?** | | |
| When taken to hospital directly | When taken to hospital directly, resulting from a work activity |
| If they went home before going to hospital | They needed treatment but refused to go to hospital |

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| 1. **List the timescales for reporting?** | |
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# Trainer Use Only

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| **Marked By:** |  | | **Signature:** |  | |
| **Score:** |  | **5** | **Pass or Fail:** | Pass | Fail |