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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 |