

## Bagel Accident and Fault Recording Form

Any accident, breakdown or any unsatisfactory working of Bagel must be recorded on the Accident and Fault Recording form below and immediately notified to Little Hiccups.

Contact Name:
Tel number:
Email address:

Hirer Details	
Name	
Address	
Contact Number	

Details of Incident	
Date and time	
Location - <i>please give specific details. Please provide address or location (road, building, floor, room, outdoor location, private residence etc)</i>	



What happened -

*Please describe the near miss, accident, incident, dangerous occurrence etc., including events that lead to it, and details about any equipment, substances or materials involved.*

What part (if any) of the Bagel or attachment is damaged?

**In case of Injury:**

Who was involved -

*Name and contact details. Please include the full address for any third party injured (e.g., member of the public etc.).*

What type of injury / illness / disease has been sustained? -

*Please include which part / side of the body was affected.*



What treatment was provided? <i>Please include whether first aid and/or hospital treatment was needed</i>
Witnesses - <i>Name (s) and contact details of anyone who witnessed the incident.</i>

Details of the person completing this form (if different to the Hirer)	
Name	
Address	
Contact Number	

<b>Details of reporting</b>
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Date form completed	
Have the Little Hiccups Trustees been informed? <i>Please give details of who you have contacted, how and if you have had a response</i>	
Signed	



## Accident and Fault Follow Up Form

The following is to be completed by a Little Hiccups representative on the Buggy's return

Details of reporting	
Travel Bed:	
Date:	
Name of Little Hiccups representative	
Insurance Reference (if relevant)	
Police reference  (if relevant)	
Fault Details <i>Please be as detailed as possible</i>	
Steps taken to rectify <i>Please be as detailed as possible</i>	
Any further steps to be taken? <i>Date and initial any updates</i>	



Any comments / further details	
Date completed	
Signed	

