

INCIDENT ENQUIRY FORM

INCIDENTS (accidents and near-misses) IN THE THEATRE INDUSTRY

This form is to help us understand the type and number of accidents and near-misses in the theatre industry. It is absolutely not to attribute blame but to learn from what has happened in the past in order to try and avoid repeats in the future.

IT IS NOT A SUBSTITUTE FOR ANY STATUTORY OR CONTRACTUAL OBLIGATIONS nor for any in-house reports but do please ALSO complete this form.

Please complete this form if you have seen and can comment upon or have been involved in an accident or near-miss. The information requested should be anonymous and will be treated in strictest confidence. Anonymised data may be released in the interests of safety in the theatre industry.

Please tick ALL relevant boxes in each section.

Leave blanks if you do not know what happened (or where it is not relevant to the incident.)

Was this an accident **or a near-miss**

Approx. time of incident
(24 hour clock)

When did the incident occur?

During get-in
During repertoire changeover
During rehearsal
During normal working hours

During overtime
During performance
During get-out

Other (please describe)

What kind of theatre is it?

London-based producing theatre
West End theatre
Regional producing theatre
Receiving (touring) house

Amateur theatre
Other venue (please describe)

Who were the people involved?

Technicians - usual staff
Technicians - casuals
Stage management
Contractors, inc self-employed
Performers
Artistic team: directors, designers etc

Management
Other staff
Amateurs
Persons under 18
The public

Where did the incident occur?

Stage area
Gallery or Grid
Lighting bridge
Orchestra pit
Backstage
Wardrobe
Workshop or paint frame
Rehearsal room

Auditorium and foh areas
On/in vehicle
On access equipment/ladders
Walking on steps or stairs
Other (please describe)

Were the people involved appropriately qualified/trained? yes/no/don't know

On the next page we would like you to provide some detail.

We should like to know what was the **incident** (for example dropping a chisel, falling through a trap) as well as the **result** (for example knee grazed, broken ankle).

INCIDENT ENQUIRY FORM

What type of incident?

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| Fall from height | <input type="checkbox"/> | Contact with electricity | <input type="checkbox"/> |
| Fall through trap/hole | <input type="checkbox"/> | Exposure/contact harmful substance, fumes, asphyxiation | <input type="checkbox"/> |
| Slip, trip or fall on the level | <input type="checkbox"/> | Exposed to fire | <input type="checkbox"/> |
| Slip, trip or fall on step/stairs | <input type="checkbox"/> | Exposed to explosion/pyrotechnics | <input type="checkbox"/> |
| Slip, trip or fall on moving floor | <input type="checkbox"/> | Trapped by collapse | <input type="checkbox"/> |
| Collapse of floor | <input type="checkbox"/> | Injured during stage action | <input type="checkbox"/> |
| Collapse of scenery | <input type="checkbox"/> | Injured by animal | <input type="checkbox"/> |
| Struck by moving or falling object | <input type="checkbox"/> | Other (please describe) | <input type="text"/> |
| Colliding with object | <input type="checkbox"/> | | |
| Contact with moving machinery | <input type="checkbox"/> | | |
| Contact with moving vehicle | <input type="checkbox"/> | Have you seen/been involved in this type of incident before? Yes/No | <input type="text"/> |
| Handling excessive weight | <input type="checkbox"/> | | |
| Handling items badly | <input type="checkbox"/> | | |

If there was an accident did it result in?

- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| Hospitalisation (overnight) | <input type="checkbox"/> | Crushing | <input type="checkbox"/> |
| First aid attendance by third party | <input type="checkbox"/> | Bruising | <input type="checkbox"/> |
| Off-work for more than 3 days | <input type="checkbox"/> | Cuts | <input type="checkbox"/> |
| Eye injury | <input type="checkbox"/> | Strains/sprains | <input type="checkbox"/> |
| Dislocation | <input type="checkbox"/> | Grazes | <input type="checkbox"/> |
| Fracture | <input type="checkbox"/> | Other (please insert) | <input type="text"/> |
| Concussion | <input type="checkbox"/> | | |
| Amputation | <input type="checkbox"/> | Part of body most injured (please insert) | <input type="text"/> |
| Burns | <input type="checkbox"/> | | |

Please describe what happened. Give as much detail as you think will help, for example the name of any equipment or substance involved, what was happening at the time, what occupations were involved. The value of the information depends upon the amount of detail included – for example, *tripped* helps, *tripped over shoe lace* more helpful, *tripped over shoe lace, lace not tied during a quick change* is even better and *tripped over shoe lace, lace not tied during a quick change, light failed* is best of all. Use extra pages if necessary.

What caused the accident? Only complete this if you know or think you know the cause(s). Do not attribute blame or give any names. Use extra pages if necessary.

The forms will be collated by the ABTT and passed without attribution to the Theatre Safety Committee for discussion and possible recommendations. The Theatre Safety Committee is a cross-industry body that monitors developments and disseminates information relating to health and safety in the theatre industry. Its members are Association of British Theatre Technicians (ABTT), Broadcasting Entertainment Cinematograph and Theatre Union (BECTU), Central Council for Amateur Theatre (CCAT), Equity, Independent Theatre Council (ITC), Institute of Entertainment and Arts Management (IEAM), Musicians' Union (MU), Society of London Theatre (SOLT), Stage Management Association (SMA) and Theatrical Management Association (TMA). The Committee can be contacted c/o The Legal Officer, SOLT/TMA, 32 Rose Street, London WC2E 9ET.

Thank you. Please return your completed form by email to: incidents@abtt.org.uk; by fax to: 020 7242 9303; by post to: Incidents, ABTT, 4th Floor, 55 Farringdon Road, London EC1M 3JB
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