|  |
| --- |
| ACCIDENT/INCIDENT REPORT FORM |

|  |  |
| --- | --- |
| **ABOUT THE PERSON WHO HAD THE ACCIDENT** | |
|  |  |
| SURNAME |  |
| **FORENAME AND INITIALS** |  |
| **DATE OF BIRTH** |  |
| **HOME ADDRESS** |  |
| **HOME TELEPHONE** |  |
| **TICK AS APPROPRIATE** **🞏**EMPLOYEE 🞐 CONTRACTOR 🞐 VISITOR  🞐 M/PUBLIC 🞐 TRAINEE | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF ACCIDENT/INCIDENT (CONTINUE ON BACK IF YOU NEED TO)** | | | | | | | | | | |
|  | | |  | | | | |  | | |
| Date of Accident/incident | |  | | Time of Accident/incident | | | | |  | |
| Location of Accident/Incident | |  | | | | | | | | |
| Reported to | |  | | | | | | | | |
| Details of Accident/Incident | | | | | | | | | | |
| Nature and extent of Injury | | | | | | Part of Body Injured(stating left, right etc) | | | | |
| IS ACCIDENT REPORTABLE UNDER RIDDOR? Y/N | | | | | |  | | | | |
| Witnesses  (Names & Addresses) |  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | | |
| Was person unable to work following accident **Y/N** | | | | |  | | No. of days lost | | |  |
| Was person trained and authorised for job **Y/N** | | | | |  | | | | | |
| Was appropriate PPE being used **Y/N** | | | | |  | | | | | |
| Has entry been made in Accident Book **Y/N** | | | | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person filling in form |  | | |
| Signature |  | Date |  |

|  |
| --- |
| **ONCE COMPLETED THIS FORM MUST BE SENT IMMEDIATELY TO THE HEALTH AND SAFETY REPRESENTATIVE FOR INVESTIGATION AND RIDDOR ACTION IF NEEDED** |