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| ACCIDENT/INCIDENT REPORT FORM |

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| **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 |

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| **DETAILS OF ACCIDENT/INCIDENT (CONTINUE ON BACK IF YOU NEED TO)** |
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| 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) |  |
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| 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** |  |

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

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