ACCIDENT REPORT FORM

|  |  |  |
| --- | --- | --- |
| **Injured Person** | | |
| Incident reference number |  |  |
|  | | |
| Name |  |  |
|  | | |
| Home address |  |  |
|  | | |
| Employee/visitor/service user |  |  |
|  | | |
| Job title (if staff) |  |  |
|  | | |
| Age/Gender |  |  |
|  | | |
|  | | |
| **Accident Summary** | | |
| Incident reference number |  |  |
|  | | |
| Injury, near miss or violent incident? |  |  |
|  | | |
| Date |  |  |
|  | | |
| Time |  |  |
|  | | |
| Location |  |  |
|  | | |
| Work process/activity involved |  |  |
|  | | |
| What happened\* |  |  |
|  | | |
| Details of injury (if any) |  |  |
| **Person Reporting Accident** | | |
| Was a head injury involved? |  |  |
| **Person Reporting Accident** | | |
| Immediate actions taken |  |  |
|  | | |
| First aid treatment given? If so, what? By whom? |  |  |
|  | | |
|  | | |
| If a service user, were parents/family/guardians informed? |  |  |
|  | | |
| Outcome? That is, individual sent home, ambulance called, resumed work/class |  |  |
|  | | |
| Accident notifiable under RIDDOR? |  |  |
|  | | |
| Contact details of witnesses |  |  |
|  | | |
| **Person Reporting Accident** | | |
| Name |  |  |
|  | | |
| Home address |  |  |
|  | | |
| Job title |  |  |
|  | | |
| Signature |  |  |
|  | | |
| Date of report |  |  |
|  | | |
| *\*Use a separate sheet of paper if necessary* | | |