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* |