



ACCIDENT REPORT FORM

1. Location Details

Site Date

Name of person reporting accident

2. Accident Details (PLEASE PRINT)

Name of injured person Sex M F Date of Birth

Date of Accident Time Location

Precise nature of injury
(State left or right)

Did the person receive first aid Yes No If Yes By Who

If yes give details

After the injury Return to work Go Home Sent to Hospital Admitted to Hospital

did the person

3. Task

What was He / She doing at the time

How did the accident occur
(additional information / sketches
please use reverse).

What can be done to prevent a re-occurrence?

Has the -

Accident book been completed Yes No RIDDOR form completed Yes No NA HSE Notified Yes No NA

4. Personal Protective Equipment (Worn) Please ũ

Helmet Eye protection Ear defenders Mask Overalls Gloves

Protective footwear Other (specify)

5. Witness Details

Name	Works No.	Name	Works No.
Address / Co. (If not an employee)		Address / Co. (If not an employee)	