

Accident record

1 About the person who had the accident

Name

Address

Postcode

Occupation

2 About you, the person filling in this record

▼ If you did not have the accident write your address and occupation.

Name

Address

Postcode

Occupation

3 About the accident *Continue on the back of this form if you need to*

▼ Say when it happened. Date / / Time

▼ Say where it happened. State which room or place.

▼ Say how the accident happened. Give the cause if you can.

▼ If the person who had the accident suffered an injury, say what it was.

▼ Please sign the record and date it.

Signature

Date / /

4 For the employee only

▼ By ticking this box I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.

Signature

Date / /

5 For the employer only

▼ Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

How was it reported?

Date reported / /

Signature