

ACCIDENT RECORD FORM

Report No

ABOUT THE PERSON WHO HAD THE ACCIDENT

Name _____
Address _____
City/Town _____ Postcode _____ Mobile _____
Occupation _____

DETAILS OF PERSON REPORTING THIS ACCIDENT

Name _____
Address _____
City/Town _____ Postcode _____ Mobile _____
Occupation _____

DETAILS OF ACCIDENT/INJURY

Date _____ Time _____

Where did the accident/injury take place?

Say how the accident happened, give a cause if you can

Details of accident/injury

Signed _____ Date _____

EMPLOYERS USE ONLY

If this incident is reportable under RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurences Regulations 1995]

How was it reported _____

Signed _____ Date _____