

ACCIDENT RECORD FORM

Report No	_____
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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 Occurrences Regulations 1995]

How was it reported _____

Signed _____

Date _____