

# ACCIDENT REPORT FORM

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These details should also be recorded in the Accident Book, where one exists.

## About the person who had the Accident

Full Name	
Address	
Postcode	
Occupation	
Activity being undertaken at time of the incident	

## About the person reporting the Accident (if not the same as above)

Full Name	
Address	
Postcode	
Occupation	
Roll being undertaken at time of the accident	
Signature	Date:

## About the Accident What Happened?

How did the Accident happen? What was the cause?	
If there were any injuries - what were they?	

## About the Accident When & Where?

Date it took place	
Where it took place; room or location	
Signature if employer or person in charge	