

ACCIDENT REPORT FORM

Company Name
Address
Web/Email
Phone Number

REPORT NO. **0000**

DATE **00/00/0000**

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

1: ABOUT THE PERSON WHO HAD THE ACCIDENT

Full Name:

D.O.B:

Address/Department/Position:

2: ABOUT THE PERSON FILLING IN THIS RECORD

Full Name:

Address/Department/Position:

3: ABOUT THE ACCIDENT

When did the accident happen? Date:

Time:

Location:

How did the accident happen?

Did the accident cause injury? (If so, please give details)

4: SIGNATURE

Signed:

Date:

5: OFFICE/EMPLOYER USE ONLY:

Complete this section is reportable under the Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR)

How was it reported?

Date reported?

Print Name:

Signature:

SIGNATURE

Signed:

Date: