

REPORT No.

ACCIDENT RECORD SHEET

In Order to comply with the Data Protection Act 1998, personal information, detach at the dotted line
(Sections 1 & 2 are to be removed and stored in a secure location)

3. About the Accident

Date:

Time:

Location (room or place) where accident happened:

What happened? (Describe what happened and provide detail of the cause if you can. In the event of personal injury, indicate what this is.

How did it happen?

Treatment and applied by whom:

4. Reporting of injuries, diseases and dangerous occurrences 1995 (This section to be completed by the employer if the accident is reportable under RIDDOR)

What method was used to report the incident?

Date reported:

Employers Name and Initials:

Safety Consultant Informed: Yes/No ?

Safety Consultants Incident Report Ref:

REPORT No.

1. Details about the injured party

2. Details about the person reporting the incident

Full Name:

Full Name:

Address:

Address:

Post Code:

Post Code:

Occupation

Occupation:

Signature:

Signature:

Date:

Date:

(Signature and date of injured party – if they have not completed the form themselves – as confirmation that they agree the entry to be a true and accurate record.)

(Signature and date of individual completing this accident record.)