



ACCIDENT REPORT FORM

This form must be filled in by an employer or other responsible person

Step 1 Employer or other responsible person information

About you

Surname :

First name :

Job title:

Telephone number:

About your organisation

Name:

Address and postcode

Type of work

Base Address of the injured person (if different from your organisation)

Name:

Address and postcode

Type of work

Country

Total number employed at base address:

Step 2 About the incident

Date of accident :

Please enter the date in the format DD/MM/YYYY

Time of accident:

Please enter the time in 24hr format i.e HH:MM

Did the incident happen at the above address?

Yes

Where exactly on the premises?

No Where did the incident happen?

elsewhere in your organisation - give the name, address and postcode

on a building site - give the name, address and postcode

in a public place - give details of where it happened

Step 3 About the injured person

If more than one person was injured in the same incident, please attach the details for each injured person

Surname:

First name:

Nationality : English Other EU Non-EU

Gender : Male Female

Occupation :

Age :

Is the injured person: employee trainee employed by someone else

a member of the public

Step 4 About the injury

The injury (eg fracture, laceration...):

Part of the body injured:

<input type="radio"/> head	<input type="radio"/> finger(s)
<input type="radio"/> eye(s)	<input type="radio"/> back
<input type="radio"/> ear(s)	<input type="radio"/> chest
<input type="radio"/> teeth	<input type="radio"/> hip
<input type="radio"/> face	<input type="radio"/> leg
<input type="radio"/> neck	<input type="radio"/> foot
<input type="radio"/> shoulder	<input type="radio"/> ankle
<input type="radio"/> arm	<input type="radio"/> toe(s)
<input type="radio"/> wrist	<input type="radio"/> serious multiple injuries
<input type="radio"/> hand	<input type="radio"/> other :

The injured person :

- became unconscious
- needed resuscitation
- remained in hospital for more than 24 hours
- none of the above

Step 5 About the kind of accident

- contact with moving machinery or material being machined
- hit by a moving, flying or falling object
- hit by a moving vehicle
- hit something fixed or stationery

- injured while handling, lifting or carrying
- slipped, tripped or fell on the same level
- fell from a height

How high was the fall?

metres

- trapped by something collapsing

- drowned or asphyxiated
- exposed to , or in contact with , a harmful substance
- exposed to fire
- exposed to an explosion

- contact with electricity or an electrical discharge

- another kind of accident

Step 6 Description of what happened

Give as much detail as you can : for example the name of any substance involved, the name and type of any machine involved, the events that led to the incident, the part played by any people ...

Use the separate piece of paper

Step 7 Your signature

Signature :

Date: