

Accident / Incident Report Form



Company Name:				Day / date of incident:			
Site Manager:				Time of incident:			
Contract Manager:				Reported by:			
Reported accident / incident involving (tick as appropriate):-							
Direct Employee				Member of the Public			
Contractor				Damage to Plant / Property			
Subcontractor Employee				Near Miss / 'Dangerous Occurrence' / Misc.			
Location where reported accident / incident occurred:-							
Description of reported accident / incident: -							
As described by: -							
Name:				Employer:			
				Contact No:			
Witnesses / persons in the vicinity:- (attach statements as necessary)				(If no witnesses place 'X' here):-			
Name:				Name:			
Address:				Address:			
Mobile No:				Mobile No:			
Photographs taken?		Yes		No		N/A	
Details of injured party (if appropriate):-							
Full Name:				Date of Birth:			
Home Address:							
Job Description:							
Employers Name / Address:							
Type of Injury:							
Part of Body Injured:							
Details of PPE worn at time of accident / incident:							
Treatment:-							
Was first aid assistance required? (If so, specify):							
Was injured party taken to doctor/hospital (If so, specify):							
Details of any machinery, tools, plant or equipment involved:-							
Description:				Registration No:			
Make / Model & Serial No:				Details of defects or damage:			
Name of person completing form:				Job title:			
Signature of person completing this form:				Date completed:			

Serious injury accidents must be notified by telephone immediately to the Company Health and Safety representative, to ensure that local regulatory reporting obligations are satisfied e.g. RIDDOR Regulations (2013)