

Accident Reporting Form

This form is to record an accident. An accident is defined as 'a random, abnormal, undesirable occurrence that has resulted in injury or harm to employees or non-employees'.

Incident Date	<input type="text"/>	Incident Time	<input type="text"/>
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Person reporting this incident

Your full name:	<input type="text"/>
Your job title:	<input type="text"/>
Please provide the name of your team:	<input type="text"/>
Your contact number:	<input type="text"/>
Your e-mail address:	<input type="text"/>
Date incident was reported to you:	<input type="text"/>
Time incident was reported to you:	<input type="text"/>

About the person affected by this accident

Full name of affected person:	<input type="text"/>
Is the affected person an employee?	<input type="radio"/> Yes <input type="radio"/> No
Status of the Non-Employee:	<input type="text"/>
You have selected non-employment status as 'other', please provide the status below:	<input type="text"/>
Contractor name (If available):	<input type="text"/>
Affected person's telephone number (if available):	<input type="text"/>
Affected person's e-mail (if available):	<input type="text"/>
Affected persons Job Role (if relevant and available):	<input type="text"/>
Do you know the address of the injured party?	<input type="radio"/> Yes <input type="radio"/> No
Address Line 1:	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Town/ City:	<input type="text"/>
County	<input type="text"/>
Postcode:	<input type="text"/>
Age of the injured party:	<input type="text"/>
Gender of the injured party:	<input type="text"/>

About the Accident

Select the location of the incident:	<input type="text"/>
Other location:	<input type="text"/>
Describe where on the premises or outside space this happened?	<div></div>

What work/ activity was being undertaken at the time of the incident?

Incident Type

Main contributory factor involved in the incident:

What was the other cause:

What was the apparent cause of the Accident?

What was the fall from height in metres?

Describe in as much detail as possible what happened:

Was there any property, equipment or vehicle damaged as a result of this incident? ☐ Yes ☐ No

Please describe how the damage was caused:

What damage was caused:

Injury Sustained

Injuries sustained:

Other not known: Please explain why it is not known:

Please describe the natural cause:

In the list above, did you select any of the injuries specified under RIDDOR Reportable?

☐ Yes ☐ No

Was the non-employee taken directly to hospital for treatment of that injury?

☐ Yes ☐ No

Was the injury as a result of a playtime or sporting activity?

☐ Yes ☐ No

Please confirm that this incident result in death of the affected person?

☐ Yes ☐ No

Injury location(s)

Injury details:

Please confirm that the incident resulted in the affected person losing consciousness due to a head injury or asphyxia:

☐ Yes ☐ No

Please confirm that the incident resulted in the affected person being resuscitated due to a being in a enclosed space?

☐ Yes ☐ No

Please confirm that the incident resulted in the affected person was hospitalised for 24 hours as a result of working in an enclosed space?

☐ Yes ☐ No

Was first aid treatment received?

☐ Yes ☐ No ☐ Not applicable

Who gave the first aid treatment?

What treatment was given:

Why was first aid treatment not required:

Was treatment by a medical professional required? ☐ Yes ☐ No ☐ Not applicable

Was the person absent from work following the accident? ☐ Yes ☐ No

Is this person likely to be absent from work for a period of 7 consecutive days, or is unable to return to full duties within 7 days? ☐ Yes ☐ No

The first full day the affected person was away from work

Has the person returned to work ☐ Yes ☐ No ☐ Not applicable

Date person returned to work:

In what capacity did the person return to work

Do you have any documentation that you wish to upload relating to this injury? ☐ Yes ☐ No

If relevant, please attach any relevant documentation relating to the injury:

Were immediate actions needed to prevent a re-occurrence? ☐ Yes ☐ No

What actions were taken to stop a re-occurrence of this incident:

RIDDOR Confirmation

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☐ Yes ☐ No

Please select the city, borough or district in which the premises is located:

Main activity carried out at the incident location:

Work being undertaken at the time of the incident

Witness to incident

Was there a witness to the incident ☐ Yes ☐ No

Name of witness:

Job title of witness (if applicable)

Telephone number of witness (where available)

E-mail address of witness (where available)

Address of witness (where available):

What the person witnessed:

Has a written statement been provided: ☐ Yes ☐ No

Please attach statement:

Was there additional witnesses to this incident? ☐ Yes ☐ No

Save and Submit Declaration