



ACCIDENT RECORD FORM

Report No

ABOUT THE PERSON WHO HAD THE ACCIDENT

1

Name

Address

City/Town

Postcode

Telephone

Occupation

DETAILS OF PERSON REPORTING THIS ACCIDENT

2

Name

Address

City/Town

Postcode

Telephone

Occupation

DETAILS OF ACCIDENT/INJURY

3

Date: DD / MM / YYYY

Time: HH / MM

Where did the accident/injury take place?
.....
.....

Say how the accident happened, give a cause if you can
.....
.....

Details of accident/injury
.....
.....

Signed:

Date: DD / MM / YYYY

EMPLOYERS USE ONLY

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If this incident is reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

How was it reported?

Signed:

Date: DD / MM / YYYY

Please Note: To comply with the Data Protection Act 1998 (DPA) personal details entered on accident record forms must be kept confidential.

