

# Accident/incident reporting form



## Event details

<b>Event title</b>			
<b>Event organiser name</b>		<b>Event location</b>	
<b>Date and time of accident</b>		<b>Location of accident/incident</b>	
<b>Event description</b> Provide summary of activities			

## Accident/incident details

<b>Details of the accident</b>	
<b>Describe equipment/process being used (if any)</b>	
<b>Describe any circumstances that may have contributed to the accident</b>	
<b>Who was present at the event?</b>	
<b>Environmental conditions</b> What were conditions like prior to the accident occurring? (e.g. noise, temperature, lighting, dust, fumes, housekeeping etc.)	

## Signature

<b>Print name &amp; signature</b>		<b>Date</b>	
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## Details of injured person

Please complete this section for each injured person.

Copy sheet to include an additional injured person.

<b>Details of the injured person</b> Complete a separate form for each injured person	<b>Name</b>	
	<b>Role/job at time of accident/incident</b>	
	<b>Contact details</b>	
<b>What type of injury or ill health was sustained or is suspected?</b>		
<b>What part(s) of the body was/were injured?</b>		
<b>Was First Aid or medical attention provided?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is the injured person likely to be away from place of work/education?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is the accident/incident reportable under <a href="#">RIDDOR</a> (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Has the accident/incident been reported to the Health &amp; Safety Executive (HSE)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>If yes, state time, date and reference number</b>	
<b>Was a risk assessment completed for the event?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>yes</b> , ensure copy of risk assessment is attached when accident/incident report form is submitted.		

## Witness details

Copy sheet to include an additional witnesses.

<b>Witness name</b>	
<b>Job title/role</b>	
<b>Contact details</b> Address/telephone	
<b>Factual/observed account of accident/incident</b>	

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