Accident Report Form

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| 1. Date and time of incident:
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| 1. Brief description of incident:
 |
| 1. Location (site and address):
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| 1. Name of injured person (if any):
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| 1. Nature of injury:
 |
| 1. Medical injury:
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| 1. Work being carried out at the time of incident:
 |
| 1. Person(s) in direct control of area:
 |
| 1. Witness(es) to incident (Name, address and contact number)
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| 1. Relevant instructions, training, information given before incident:
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| 1. Course/equipment details:
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| 1. Inspections examination:
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| 1. Other investigations carried out:
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| 1. Items removed as evidence:
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| 1. Protective clothing/equipment in use:
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| 1. Statements given by:
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| 1. Photographs:

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| 1. Further details injury/damage:
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| 1. Time lost by injured person:
 |
| 1. Any other remarks or information:
 |
| Signature:Date: |
| For Office Use Only:Incident Reference No:Health and Safety Coordinator: |