Accident Report Form

|  |
| --- |
| 1. Date and time of incident: |
| 1. Brief description of incident: |
| 1. Location (site and address): |
| 1. Name of injured person (if any): |
| 1. Nature of injury: |
| 1. Medical injury: |
| 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) |
| 1. Relevant instructions, training, information given before incident: |
| 1. Course/equipment details: |
| 1. Inspections examination: |
| 1. Other investigations carried out: |
| 1. Items removed as evidence: |
| 1. Protective clothing/equipment in use: |
| 1. Statements given by: |
| 1. Photographs: |
| 1. Further details injury/damage: |
| 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: |