

+ Accident Record

1. About the person who had the accident

Name _____
 Address _____

 Postcode _____
 Occupation _____

2. About you, the individual filling in this record

If you did not have the accident write your address and occupation.

Name _____
 Address _____

 Postcode _____
 Occupation _____

3. Details of the accident *(Continue on the back of this form if you need to)*

When it happened. Date ____ / ____ / ____ Time _____
 Where it happened. State location _____

 How did the accident happen? _____

 Give the cause if possible: _____

 If the person who had the accident suffered an injury, give details _____

4. Sign and date

Person filling in the record.
 Print Name _____
 Sign _____
 Date ____ / ____ / ____
 Person who has had the accident (as confirmation they agree the accident has been recorded accurately).
 Print Name _____
 Sign _____
 Date ____ / ____ / ____

5. For the employer only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
 How was it reported? _____

 Print Name _____
 Sign _____
 Date ____ / ____ / ____