

# 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:  /  /

Time:  /

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

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

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

Signed:

Date:  /  /

## 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:  /  /

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

