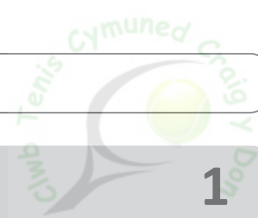


ACCIDENT RECORD FORM

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: DD / MM / YYYY

Time: HH / MM

Where did the accident/injury take place?

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

Details of accident/injury

Signed:

Date: DD / MM / YYYY

EMPLOYERS USE ONLY

4

If this incident is reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

How was it reported?

Signed:

Date: DD / MM / YYYY

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