

INSERT LOGO HERE

ACCIDENT REPORTING FORM

SECTION 1: ABOUT THE PERSON COMPLETING THIS RECORD

Name:

Address:

Telephone:

Name of Organisation:

Address of Organisation:

Job Title:

SECTION 2: ABOUT THE PERSON INVOLVED IN THE ACCIDENT

Name:

Gender: M/F

Date of Birth:

Address:

Telephone:

SECTION 3: DESCRIPTION OF ACCIDENT

Location:

Date of Accident:

Time of Accident:

Date of Report:

Time of Report:

Describe what took place:

INSERT LOGO HERE

Describe any injuries incurred:

Describe any actions taken:

Parents/Carers notified: Y/N
If Y, by whom and when:

Note any First Aid offered/given on site:

Any recommendations to avoid similar accidents happening in the future:

Was the incident reported under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 and 2013) if so, please give details below:

INSERT LOGO HERE

**SIGN BELOW TO STATE THAT ALL THE ABOVE INFORMATION IS
CORRECT:**

Name:

Signature:

WITNESSES:

Name:

Address:

Date:

Name:

Address:

Date: