

ACCIDENT REPORT FORM

Private and Confidential

Company Name:

Production Name:

Personal details of injured party

Name of Injured Party:	Date of Birth:
Job title (or indicate if the person is a member of the public):	
Address:	
Telephone number:	
Does the Injured Party allow their personal details to be disclosed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

The Accident

When did the accident occur:	Date:	Time:
Address of where the accident occurred:		

Exact location of accident:

Describe what happened:

Details of the injury

If injury/ ill health occurred please give details:

Corrective Action

What corrective action was taken?

Witness Details

Name:	Address:
Contact Number:	
Does the Witness allow their personal details to be disclosed?	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Name:	Address:
Contact Number:	
Does the Witness allow their personal details to be disclosed?	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Person completing the accident report form

Name:

Job Title:

Is the accident reportable to the HSE Yes: No:

Has the accident been reported to the HSE Yes: No:

HSE Website: <http://www.hse.gov.uk/riddor/what-must-i-report.htm>

Signature.....Date:.....