Accident Report

EMPLOYEE'S REPORT OF INJURY / ILLNESS / NEAR MISS

I am reporting a work-related:	Injury ☐	Ill-health ☐	Near Miss ☐

YOUR DETAILS

Name:	Job Title:
Address:	
Manager/Supervisor:	
Have you told your Manager/Supervisor about this incident?	Yes ☐ No ☐

WHEN DID IT HAPPEN/START?

Day:	Date:	Time:

WHERE DID IT HAPPEN?

(This should be as precise as possible. For example: Which building? Which room? Which area? Outdoors? – where exactly?)

It happened in...

WHAT HAPPENED?

(Include what you were doing at the time and events that led up to it, including as much detail as you can. Try to describe it step-by-step. Include relevant details, such as light or weather conditions, if they may have affected what happened.)

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Was it related to the work being done or the place the work was being done?

Yes ☐ No ☐ If Yes, then give details:

Was any equipment or substance involved?

Yes ☐ No ☐ If Yes, then what?

Was anything damaged?

Yes ☐ No ☐ If Yes, then what?

Did you take any photos of the incident or injuries? Yes ☐ No ☐

Were there any witnesses? (Complete details for each witness)

Name	Job Title	Address

What do you think could have been done to prevent this incident? (If anything)

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About an INJURY or NEAR MISS (What was the injury? Which parts of your body were injured? How serious was the injury? If it was a near-miss, how **could** you have been hurt?)

Fracture (other than to fingers, thumbs and toes)	☐
Amputation	☐
An injury likely to lead to permanent loss of sight or reduction in sight	☐
A crush injury to the head or torso causing damage to the brain or internal organs	☐
Serious burns (including scalding) which cover more than 10% of the body or caused significant damage to the eyes, respiratory system or other vital organs	☐
Scalping requiring hospital treatment	☐
Loss of consciousness caused by head injury or asphyxia	☐
An injury arising from working in an enclosed space (which led to hypothermia or heat-induced illness or required resuscitation or admittance to hospital for more than 24 hours).	☐
Another injury? (What was the injury?)	☐
Which part(s) of your body was/were injured? How serious was the injury? Any other comments about the injury?	

Was any first aid given?

Yes ☐ No ☐ If Yes, then what? Who gave the first aid?

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What happened next?

Back to work ☐	Doctor ☐	Hospital ☐	Other ☐
Details about Hospital/Doctor/Other:			

How much time off was needed? (Days) ☐ (not including the day of the injury)

About ILL-HEALTH

Carpal tunnel syndrome	☐
Severe cramp of the hand or forearm	☐
Occupational dermatitis	☐
Hand-arm vibration syndrome	☐
Occupational asthma	☐
Tendonitis or tenosynovitis of the hand or forearm	☐
An occupational cancer	☐
A disease attributed to an occupational exposure to a biological agent	☐
Another form of ill-health? (What type of ill-health?)	☐
Any other comments about the ill-health?	

I consent to my personal information being shared: Yes ☐ No ☐

Signature (if completed by hand):

Date form completed:

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Person completing this form
(Only complete this if you are completing the form on behalf of someone else)

Name:
Job Title:
Address:
Connection with incident:
Does the person involved in the incident work in your organisation? Yes ☐ No ☐ **If not, in what capacity were they there?**
Signature (if completed by hand): **Date form completed:**

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Accident Report

Employer Use ONLY
Reported to RIDDOR? Yes ☐ No ☐ If YES, how was it reported? Telephone ☐ Online ☐ Date Reported:
Action taken:
Date:
Name: Signature (if completed by hand):