

# Accident Forms

**Accident Form**

**Name of Person Filling in**

**Date**

**Details of Injured Person**

**Name**

**Home Address**

**Contact Number**

**Type of Person**

**Job Title (if employee)**

**Length of time in Role (if employee)**

**Details of Accident**

**Date / Time**

**Location (site address)**

**Where on premises did accident happen?**

**Describe the kind of accident**

**Briefly describe the accident (including any equipment / processes being used)**

**Describe any circumstances that may have contributed to the accident**

## Details of Injury

What type of injury or ill health was sustained or is suspected?

What part of the body was injured?

Outcome of Accident

Name of first aider (if first aid provided)

Any problems with provision of first aid?

Treatment: Hospital / home / returned to work

## Witnesses

Witnesses

## Immediate Questions

Is there a risk assessment appropriate to the work?

Was the injured person wearing adequate protective clothing?

Is the accident reportable to the enforcing authority?

## Training / Experience (if relevant)

What level of training did the worker / member of the public receive?

Was he/she told of the hazards, safety features and/or means of protection?

How experienced was he/she?

Was there anyone present to provide instruction or assistance?

What was the level of supervision and safety management?

### Environmental Conditions

What were conditions like prior to the accident occurring? (e.g. noise, temperature, lighting, dust, fumes, housekeeping, weather etc.)

### Machinery / Equipment (if relevant)

Were safety devices/guards in place?

Were they fit for purpose?

Was there regular maintenance?

Did it encompass safety?

Was any protective clothing or equipment warranted and, if so, was it provided?

### Work System/Regime

Is there anything about the method of work or the way it is organised or supervised which might be relevant to the accident? (e.g. undue work pressures or time constraints.)

## Records/Complaints

Were there previous accidents/complaints/reports/requests for action connected to the hazard? If so describe who was involved and the nature of the communication and any response or follow up.

## Action Taken to Prevent Repetition

Signature of Investigator

Signature

Date

## Documents Attached

Relevant Risk Assessment(s) or method statements

F2508 (statutory accident notification form)

Witness statements

Plans/sketches

Photographs

**\*Please be aware that certain accidents require reporting to the Incident Contact Centre under the reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.**

**Please visit [www.riddor.gov.uk](http://www.riddor.gov.uk) for details of incidents which require reporting and / or to report an incident.**

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