



## Accident/Incident Report Form

| 1. ABOUT THE INJURED PERSON (if applicable) |                                    |                                      |  |
|---|------------------------------------|--------------------------------------|--|
| Please Tick [ ✓ ]                           | Employee: <input type="checkbox"/> | Contractor: <input type="checkbox"/> | Member of the Public: <input type="checkbox"/> Visitor: <input type="checkbox"/> |
| Full Name:                                  |                                    | Age:                                 | Male / Female:   |
| Home Address:                               |                                    |                                      |  |
|   |                                    |                                      |  |
| Telephone:                                  |                                    | Job Role:                            |  |

| 2. ABOUT THE INCIDENT - WHAT HAPPENED   |       |                                       |     |                        |     |
|---|-------|---------------------------------------|-----|------------------------|-----|
| Date of Incident:   |       | Time (24 hr):                         |     | Date Reported:         |     |
| Where on premises did, the Incident happen (Yard / Warehouse / Highway / Offices etc.): |       |                                       |     |                        |     |
| Site or Area where Incident happened:   |       |                                       |     |                        |     |
| Was any Plant / Equipment involved?   |       |                                       |     |                        |     |
| <b>Please tick the most suitable (you may tick more than one)</b>                       | [ ✓ ] | Manual Handling – Equipment / Vehicle | [ ] | Reportable Damage      | [ ] |
| Falling Objects   | [ ]   | Slip / Trip / Fall (on same level)    | [ ] | Near Miss              | [ ] |
| Falls from Height   | [ ]   | Struck by Vehicle / Equipment         | [ ] | Other (Please Detail): | [ ] |
| Fire Exposure   | [ ]   | Assaults / Attacks                    | [ ] |                        |     |
| Hand Tools  | [ ]   | Vehicle Incident/Accident             | [ ] |                        |     |
| Harmful Substance Exposure  | [ ]   | Environmental Incident                | [ ] |                        |     |
| <b>What happened? (brief description):</b>  |       |                                       |     |                        |     |
|   |       |                                       |     |                        |     |
|   |       |                                       |     |                        |     |
|   |       |                                       |     |                        |     |

| 3. WITNESS DETAILS                 |   |
|------------------------------------|---|
| Were there any Witnesses: YES / NO | If Yes, give details below (Name / Employer / Job Title): |
|                                    |   |
|                                    |   |

| 4. DETAILS OF INJURY & TREATMENT (Where required)     |   |              |
|---|---|--------------|
| Nature & Severity of Injury:<br>(at time of incident) | Part of Body:   | Left / Right |
| Treatment Required:                                   | None Required <input type="checkbox"/> Refused <input type="checkbox"/> First Aid <input type="checkbox"/> Sent Home <input type="checkbox"/> Own GP <input type="checkbox"/> Hospital A & E <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> |              |
| Brief details of any First Aid given:                 |   |              |
|   |   |              |
| First Aider Name:                                     | Hospital Name:  |              |

|   |               |       |
|---|---------------|-------|
| Signature:<br>(person completing form)  | Name (Print): | Date: |
| Signature:<br>(person who had incident) | Name (Print): | Date: |

**\* Once completed please hand in report form with any additional evidence (photos, drawings, samples) to the office or email a copy to your supervisor.**