

# ACCIDENT REPORT

Reference No :

**1 About the person who had the Accident**  
Give full name, home address and occupation.

FULL NAME :	_____
ADDRESS :	_____
	_____
POST CODE:	_____
OCCUPATION :	_____
	_____

**2 About you, the person filling in this book**  
If you did not have the accident, give full name, home address and occupation

FULL NAME :	_____
ADDRESS :	_____
	_____
POST CODE:	_____
OCCUPATION :	_____
	_____

**3 Please sign and date** (the person filling in the book)

SIGNATURE	DATE	/	/
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The person who has had an accident should sign and date if they have not filled in the book (as confirmation that they agree that the accident recorded is a true and accurate record.)

SIGNATURE	DATE	/	/
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**4 About the accident** When and where it happened

DATE	TIME
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WHERE DID THE ACCIDENT HAPPEN? (place of accident)
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**5 About the accident - what happened**  
Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is

HOW DID THE ACCIDENT HAPPEN?
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MATERIALS USED IN TREATMENT
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**6 Reporting of injuries, Diseases and Dangerous Occurrences Regulations 1995**  
For the employer only - complete the box provided if the accident is reportable under RIDDOR

HOW REPORTED
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DATE REPORTED	/	/	EMPLOYER'S NAME AND INITIALS
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REPORT PASSED TO PERSON RESPONSIBLE FOR HEALTH AND SAFETY	DATE	/	/
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