

ACCIDENT REPORT FORM

Date:

Time:

INJURED PERSONS DETAILS

Full Name:	
Address:	
Contact No:	
Department:	
Occupation:	

INCIDENT DETAILS

Description & position of injury:	
Location:	
How the incident occurred:	
How could this have been avoided?	

WITNESS DETAILS

Full Name:	
Address:	
Contact No:	
Department:	
Occupation:	

FOR EMPLOYERS USE ONLY

Is this incident reportable under RIDDOR? Yes/No			
How was it reported?			
Signed:		Dated:	