

## ACCIDENT REPORT FORM

### PERSON AFFECTED / INJURED

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_ Work No \_\_\_\_\_

### PERSON REPORTING THE INCIDENT (If other than the injured person)

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Client / Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Department \_\_\_\_\_ Date \_\_\_\_\_

### ACCIDENT / INCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_  
Accident / Incident Location \_\_\_\_\_  
\_\_\_\_\_  
Machinery / Equipment involved \_\_\_\_\_

### DESCRIPTION OF INCIDENT including cause and nature of injury (use additional sheet as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Action taken / Recommendations**

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Consultant Signature

Date

Consultant Name

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Employer please initial box if accident reportable under RIDDOR



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