



Book / Report Number

ACCIDENT RECORD

1 About the person who had the accident

Name
 Address
 PostCode
 Occupation

SAMPLE

2 About you, the person filling in this record

▼ If you did not have the accident write your address and occupation

Name
 Address
 PostCode
 Occupation

3 About the accident

Continue on the back of this form if you need to

▼ Say when it happened. Date / / Time

▼ Say where it happened. State which room or place.

▼ Say how the accident happened. Give the cause if you can.

SAMPLE

▼ If the person who had the accident suffered an injury, say what it was.

▼ Please sign the record and date it.

Signature Date / /

4 For the employer only

▼ Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

How was it reported?

Date reported / / Signature