

Accident and incident report

Fill this in as soon as possible after the event.
Keep it confidential: it contains personal information.

1. The person affected

Full name	Job title or occupation
Home address and postcode	
They are ☐ An employee ☐ A contractor or agency worker ☐ A visitor or member of the public ☐ Nobody was hurt (near miss or damage only)	

2. When and where

Date	Time	Site
Exactly where it happened		

3. What happened

Describe what happened, in the order it happened. Facts only: what you saw or were told, not who was to blame.
What was the person doing at the time?
Equipment, vehicles or substances involved

4. Injury and treatment

Injury (for example: cut, burn, sprain, fracture)	Part of the body
First aid given, and by whom	Taken to hospital? ☐ No ☐ Yes, straight from the scene ☐ Yes, later
Time off work ☐ None ☐ Rest of that day ☐ 1 to 3 days ☐ 4 to 7 days ☐ More than 7 days ☐ Not yet known	

5. Witnesses

Name	Job or company	Contact number

6. What was done straight away

For example: area made safe, equipment taken out of use, supervisor told

7. Cause, and what will stop it happening again

What caused it, as far as is known

Action to be taken	Who by	By when

8. Reporting

Is this reportable to HSE under RIDDOR?

☐ No ☐ Yes ☐ To be checked

If reported: date, how it was reported, and HSE reference	Entered in the accident book or incident record on (date)
Form completed by (name and occupation)	Signature and date
Their address, if they are not the injured person	

Keep this record for at least three years.

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