**Incident/Accident Report Form**

**Organisation Name:**

|  |
| --- |
| **A. Details of the incident/accident** |
| **1. Date and time of the incident/accident:** |
| **2. Brief description of the incident/accident:** |
| **3. Location of the incident/accident (to include address):** |
| **4. Please provide details of the nature of the incident/accident** (Give full details – continue on separate sheet if necessary) Include what was being done and what happened: |
| **5. Give details of any defective equipment etc.** |
| **B. About the person affected by the incident/accident (if any)** |
| **1. Name and Address of the injured person:**  (one form to be completed per person) |
| **2. Nature of injury (if any):** |
| **3. Describe any treatment given to the injured person:** |
| **4. Did the injured person require hospital treatment and if yes what treatment was required:** |
| **C. Additional information** |
| **1. Witness(es) to the incident/accident (to include name, address and contact number)** |
| **2. Statements given by** (attach any statement(s) to this form): |
| **3. Details of alleged assailant** (if applicable): |
| **ANY OTHER COMMENTS** |
| **I declare that the above statements are true and complete to the best of my belief**  **Signed: Date:** |
| **C. To be completed by a line manager or leader in charge** |
| **Was the incident/accident reported to a third Party: Yes/No**  **If yes who was it reported to:** |
| **Any other comments and any additional actions taken:** (include details if reported under RIDDOR please refer to <http://www.hse.gov.uk/riddor/index.htm>): |
| **Signed: Date:** |

**This form will need to be retained for at least three years.**