Accident and incident report form

Fill in as soon as possible after the event, while people remember it clearly. Injury details are personal health information: keep completed forms somewhere only the people who need them can see.

What kind of incident

☐ Injury ☐ Near miss ☐ Damage to property or equipment ☐ Dangerous occurrence

When and where

DATE

TIME

JOB REFERENCE

CUSTOMER / SITE ADDRESS

EXACT LOCATION ON SITE (E.G. IN THE CROWN, AT THE CHIPPER, ROADSIDE)

Person involved

NAME

JOB ROLE

HOME ADDRESS

EMPLOYEE, CONTRACTOR OR MEMBER OF THE PUBLIC

What happened

Describe the task, what went wrong and the order things happened in. Stick to facts: what was seen and done, not who was to blame.

TASK BEING CARRIED OUT

ACCOUNT OF WHAT HAPPENED

EQUIPMENT INVOLVED (WITH SERIAL NUMBER IF KNOWN)

Injury and first aid

INJURY AND PART OF THE BODY

FIRST AID GIVEN, AND BY WHOM

☐ Went home ☐ Went to hospital ☐ Ambulance called ☐ Returned to work ☐ Off work afterwards

NUMBER OF DAYS OFF WORK (EXCLUDING THE DAY OF THE INCIDENT)

Witnesses

NAME AND PHONE NUMBER

NAME AND PHONE NUMBER

Immediate action taken

WORK STOPPED, AREA MADE SAFE, EQUIPMENT TAKEN OUT OF USE, ETC.

Follow-up and prevention

WHY IT HAPPENED

WHAT WILL CHANGE TO STOP IT HAPPENING AGAIN, AND WHO WILL DO IT

RISK ASSESSMENT OR METHOD STATEMENT UPDATED?

DATE CLOSED

RIDDOR

Some injuries, diseases and dangerous occurrences must be reported to HSE. Check hse.gov.uk/riddor if unsure. Over-3-day injuries must be recorded, and over-7-day injuries reported within 15 days.

☐ Reportable ☐ Not reportable

DECIDED BY

DATE DECIDED

REPORTED TO HSE ON

HSE REFERENCE NUMBER

Signatures

Role	Name	Signature	Date
Person reporting			
Person involved			
Supervisor / manager			