

Information about the accident/incident

Date and approximate time of accident/incident				
Place of accident/incident				
Accident/Incident Reporter Name and contact details				
Business name				
Position in business				
Date, time and method of reporting accident/incident				
Injured person Name and contact details				
Position				
Relationship to business <i>(Tick relevant box)</i>	Employee	Contractor	Member of public	Other
What injuries were sustained?				
What action was taken? <i>For example, First Aid given, ambulance called, taken to hospital etc.</i>				

Injured person's consent to sharing accident/incident information

By ticking this box, I agree to my employer sharing my personal information and the accident details on this form with safety representatives or representatives of employee safety to assist them in carrying out their health and safety functions

What happened? <i>Give details of accident/incident e.g., how it occurred, equipment or vehicles involved, weather conditions etc.</i>				
Could it have been prevented? <i>If so, provide details of what could have been done</i>				
Contact details of any others involved				
Contact details of any witnesses				

FOR THE EMPLOYER ONLY - RIDDOR reporting

Is the accident /incident reportable under RIDDOR?

YES

NO

Please tick YES or NO

If YES, when and how was it reported and by whom?

Accident/Incident investigation

Has an investigation been carried out to identify any actions that could have prevented the accident?

YES

NO

Please tick YES or NO

If NO, please explain why not

If YES, please outline any changes made

Report completion statement – to be signed by the FBO/Responsible Person and dated

All necessary actions have been taken to meet legal requirements in relation to this Accident /Incident report

Signed:

Name:

Date:

Position: