

ACCIDENT REPORT

Completed by:

Is the person involved an: Trustee Visitor Other:

Name of person involved:	Date:
Address:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
.....	NI Number:
.....
Telephone:	Positon:

DESCRIPTION OF ACCIDENT

Location of accident:

Date of accident: Time: Date reported:..... Time:

Description of what took place:

.....

.....

.....

Describe any tools, machinery or chemicals involved in the accident:

.....

Describe injury(if any):

.....

.....

.....

If injury is fatal or major then HSC must be informed immediately –

Date Reported: Time reported: Reported by

Medical Attention Required?

First aid given by Ambulance called Taken to hospital Doctor/clinic called

Hospital/Doctors Name: Admitted Released

Hospital/Doctors Address:

.....

Details of immediate medical action:

.....

.....

If no medical attention was required please explain:

.....

WITNESS DETAILS

Name of witness: Phone:

Address of witness:

.....

Name of witness: Phone:

Address of witness:

.....

Name of witness: Phone:

Address of witness:

.....

This form has been complete to the best of my knowledge with the information that has been provided to me by the reporting party to the incident. Information was provided by

.....

Signed: Dated:

Print Name:

Position: