

Accident and witness report form

This form should be used for the recording of all accidents, injuries and dangerous occurrences whether or not they need to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 and should be completed in addition to an entry in a Data Protection Compliant Accident book.

The form should be completed as soon as possible after the occurrence. All details should then be checked by a senior employee. To comply with the Data Protection Act 1998 personal details must be kept confidential.

Any witnesses to an accident, should complete witness statements as soon as possible after the occurrence.

Details of organisation

1 Name of organisation

2 Address of organisation

Postcode

Telephone

3 Full name of person injured

4 Home address

Postcode

Telephone

5 Date of birth

6 Tick appropriate box

Employee

Volunteer

Visitor

Other (please give details below)

7 Date of occurrence

8 Time of occurrence

Details of organisation

- 1 Full description of the accident circumstances, including a description of any apparatus or equipment involved**

- 2 Full description of any injuries suffered and treatment given**

Work details

If the injured person was an employee or volunteer this section is to be completed by their Manager or a senior member of staff.

- 1 State nature of injured person's work duties**

- 2 Was (s)he on or off duty at the time?**

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- 3 If on duty did (s)he continue to work after the occurrence or go off duty?**

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- 4 If (s)he went off duty, at what time and for how long?**

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- 5 I/we confirm that as far as I am/we are aware the above details including the description of the accident are true and complete.**

Signed (on behalf of the Organisation)

Print name

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Position

Date

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**Any apparatus or equipment involved must be retained for inspection.
See overleaf for signed statements.**

Statement by witness 1

Signed

Print name

Date

Home address

Postcode

Telephone

Statement by witness 2

Signed

Print name

Date

Home address

Postcode

Telephone

Statement by witness 3

Signed

Print name

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Date

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Home address

Postcode

Telephone

To comply with the Data Protection Act 1998 (DPA) personal details must be kept confidential.

When completed these forms must be stored securely.

Note: this form is not a substitute for a Data Protection Compliant Accident book and should be completed in addition.

THIS FORM MAY BE COPIED



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