

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 the Statutory 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.

If there were any witnesses to the accident, they 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

Resident

Visitor

Other (please give details below)

7 Date of occurrence

Time of occurrence

8 Place of occurrence

Description of accident

- 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**

Employment details

If the injured person was an employee this section is to be completed by the employee's Manager or Senior employee.

- 1 State nature of injured person's employment**

- 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 or go off duty after the occurrence?**

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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

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

Statement by witness 2

Signed

Print name

Date

Home address

Postcode

