

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 <input type="text"/>
2	Address of organisation <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> Telephone <input type="text"/>
3	Full name of person injured <input type="text"/>
4	Home address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> Telephone <input type="text"/>
5	Date of birth <input type="text"/>
6	Tick appropriate box <input type="checkbox"/> Employee <input type="checkbox"/> Resident <input type="checkbox"/> Visitor <input type="checkbox"/> Other (please give details below) <input type="text"/> <input type="text"/>
7	Date of occurrence <input type="text"/> Time of occurrence <input type="text"/>
8	Place of occurrence <input type="text"/> <input type="text"/>

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 (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

Statement by witness 2

Signed

Print name

Date

Home address

Postcode

Statement by witness 3

Signed

Print name

Date

Home address

Postcode

To comply with the Data Protection Act 1998 (DPA) personal details must be kept confidential. These forms must be stored securely when completed.

Note: this form is not a substitute for the Statutory Accident book record BI 510 and should be completed in addition.

THIS FORM MAY BE COPIED

