Accident Reporting Form

Details of person completing the form

Date			
Depot/Location			
Report Completed by		**Signature**	

Details of person affected/injured

Name		**Date of Birth**	
Job Role			
Home Address **Post Code**			
Employment Status		**Contact details**	

Details of accident/incident

Date		**Time**	
Depot/Location			
Location (Place/Room/Area)			
Equipment/Machinery/ Plant involved			
Description of incident (including cause and nature of injury)			

Details of first aid

Injured area					
Severity	☐ 1 - Critical	☐ 2 – Major	☐ 3 – Moderate	☐ 4 – Minor	☐ N/A
First aid required? ☐ Yes ☐No ***If yes, provide first aider details***			**Hospital Treatment Required? ☐ Yes ☐No** ***If yes, provide hospital details***		

Details of immediate actions taken

I the affected/injured person consent to disclose my personal information and details of the accident to the H&S department for them to carry out safety functions required by law.

Affected/Injured person signature: _____ **Date:** _____