

Internal Accident Report No.	>
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Investigator Name:		Downloaded:	
Position/Job Title:		Investigation id:	
Duty Holder Name:		Report No:	

Injured Party

Full Name:		Address:	
Employee ID:			
Job Title/Position:			
Department:			

Accident Details

Date of Accident:		Accident:	
Location of Accident:			
Describe what happened:			
Nature of Injury:			
Cause of Accident:			
Was the accident witnessed?	<input type="checkbox"/>		
If Yes , provide name and address of witness:			

About the Job/Task

What job/task was being carried out?			
Had relevant training been completed and recorded?	<input type="checkbox"/>		
Was the person supervised?	<input type="checkbox"/>	by:	
Was the activity authorised?	<input type="checkbox"/>	by:	

Training and Recommendations

What job instruction had the injured person received, and when?	
What action has been taken to prevent a re-occurrence?	

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What further recommendations do you make?	
Was a risk Assessment Carried out on this accident?	Does the Risk Assessment need amending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Had the recommendations been followed?	

Treatment

Was First Aid Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How soon after the accident?	
What treatment was provided?	
Was First Aid Treatment Record completed?	..., provide No: _____
Was Ambulance required?	... was it called? _____
By whom?	... did it arrive? _____
Subsequent treatment given (including Name of Hospital etc.): <<Description of Treatment>> <<Contact Details of GP/Hospital etc.>>me	... etc.): _____

Safety Officer Details

Name:		
Telephone No:		...sor Name: _____
When did you become aware of the accident?		
Date form completed:	Signature: _____	
Was RIDDOR Form completed?	..., provide No: _____	

Investigator:		
Signature:		
Date:		