

Astutis.

A woman wearing a white hard hat, large black earplugs, and a dark blue safety jacket with reflective stripes is looking down at a tablet computer. She is wearing white work gloves. The background is an industrial setting with various metal structures and pipes, all tinted with a blue/purple color. There are decorative graphic elements: a large purple arc in the upper right and a solid teal circle in the lower left.

Report of an injury or dangerous occurrence

This form must be filled in by an employer or
other responsible person.

Accident Report Form

Part A – About You

What is your full name?

What is your job title?

What is your phone number?

About Your Organisation

What is the name of your organisation?

What is your organisation's address and postcode?

What type of work does the organisation do?

Part B – About the Incident

On what date did the incident occur?

At what time did the incident occur?

Did the incident happen at the above address? (please tick) ☒

<input type="checkbox"/>	Yes (Go to the next question)
<input type="checkbox"/>	No – Where did the incident happen?
<input type="checkbox"/>	No – Elsewhere in your organisation. Give the name, address and postcode below.
<input type="checkbox"/>	No – At someone else's premises. Give the name, address and postcode below.
<input type="checkbox"/>	No – In a public place. Give details of where it happened below.

If you do not know the postcode – name the local authority.

In which department, or where on the premises, did the incident occur?

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Part C – About the Injured Person

If you are reporting a dangerous occurrence, go to Part F. If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

What is the person’s full name?

What is the person’s home address and postcode?

What is their phone number?

How old are they?

What is their job title?

What is their gender?

Was the injured person... (please tick one box) ☒

One of your employees?

On a training scheme?

On work experience?

Employed by someone else?

Self-employed?

A member of the public?

Please provide details.

Part D – About the Injury

What was the injury?

What part of the body was injured?

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Part D – About the Injury (continued)

Was the injury... (please tick the one box that applies) ☒

A fatality?

☐

A major injury or condition?
(See accompanying notes)

☐

An injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?

☐

An injury to a member of the public which meant that they had to be taken from the scene of the accident to a hospital for treatment?

☐

Did the injured person... (please tick all boxes that apply) ☒

Become unconscious?

☐

Remain in hospital for more than 24 hours?

☐

Need resuscitation?

☐

None of the above.

☐

Part E – About the Kind of Accident

About the kind of accident (please tick the one box that best describes what happened, then go to the next part) ☒

Hit by a moving vehicle.

☐

Hit by a moving, flying or falling object.

☐

Contact with moving machinery or material being machined.

☐

Hit something fixed or stationary.

☐

Injured while handling, lifting or carrying.

☐

Slipped, tripped or fell on the same level.

☐

Fell from a height. (see below)

☐

Trapped by something collapsing.

☐

How high was the fall?

Drowned or asphyxiated.

☐

Exposed to, or in contact with a harmful substance.

☐

Exposed to fire.

☐

Exposed to an explosion.

☐

Contact with electricity or an electrical discharge.

☐

Injured by an animal.

☐

Physically assaulted by a person.

☐

Another Kind of Accident
(describe it in Part G)

☐

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Part F – Describing What Happened

Give as much detail as you can. For instance:

- The name of any substance involved.
- The name and type of any machine involved.
- The events that led to the incident.
- The part played by any people.

If it was a personal injury, give details of what the person was doing.

Describe any action that has since been taken to prevent a similar incident.

Part G – Signature

Signature

Date

