

ACCIDENT REPORT FORM



INFORMATION ABOUT THE PERSON WHO HAD THE ACCIDENT

FORENAME(S)	SURNAME
ADDRESS	OCCUPATION
POSTCODE ____ ____	AGE IF UNDER 18

ACTIVITY BEING UNDERTAKEN AT THE TIME OF THE ACCIDENT

INFORMATION ABOUT THE PERSON WHO HAD THE ACCIDENT (if not the same as above)

FORENAME(S)	SURNAME
ADDRESS	OCCUPATION
POSTCODE ____ ____	AGE IF UNDER 18

ROLE BEING UNDERTAKEN AT THE TIME OF THE ACCIDENT

SIGNED	DATE ____ / ____ / _____
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ABOUT THE ACCIDENT – WHEN AND WHERE

DATE IT TOOK PLACE	TIME IT TOOK PLACE
WHERE IT TOOK PLACE (room or location)	

ACCIDENT REPORT FORM



ABOUT THE ACCIDENT — WHAT HAPPENED

HOW DID THE ACCIDENT HAPPEN?

WHAT WAS THE CAUSE (IF KNOWN)?

IF THERE WERE ANY INJURIES — WHAT WERE THEY?

HOW WAS THE ACCIDENT DEALT WITH?

SIGNATURE OF EMPLOYER OR PERSON IN CHARGE

DATE ___ / ___ / _____

ADDITIONAL INFORMATION