

ACCIDENT FORM TEMPLATE.

If an accident or incident takes place at your place of employment, it must be recorded. This accident form template includes all the information you need to include and keep for future accident reviews and preventions. You can complete this template online, or print it off to do by hand if you wish.

Depending on your organisation and the accident, you may find that some sections of this template are not applicable. In which case you can just enter N/A instead. You will only need to fill out part of the final section, Section 5, depending on whether a child was involved. If you are reporting an accident or incident that has affected someone under the age of 18 years old, you need to fill out Section 5b of the report. If not, this page is not applicable and you should fill out Section 5a instead.

You should make two copies of this document. One to give to the person affected or their parent or guardian, and the other should be kept on file, whether that be online or in physical storage.

ACCIDENT FORM TEMPLATE

▶ Section 1: Company / Organisation Details

Name of company / organisation:			
Address of company / organisation:			
Name of supervisor: <small>(in attendance when accident occurred)</small>		Job title:	
Name of accident reporter:		Job title:	
Contact number:		Email address:	

▶ Section 2: Person Affected by the Accident

Full name:		Home address:	
Date of birth:			
Position of person: <small>(e.g. employee, external visitor, student)</small>		Contact number:	

▶ Section 2a: Parent / Carer of the Person Affected by the Accident *

Parent / carer name:		Address of parent / carer:	
Contact number:			
Parent or carer notified?			

* Complete only if the Person Affected by the Accident is under 18 years old

▶ Section 3: Accident Details

Date of accident:

Time of accident:

Location of accident:

Describe the accident:

(e.g. what happened? why do you think it happened? was any equipment involved? were other people involved?)

Full name and address(es) of accident witness(es):

Name:

Name:

Name:

Address:

Address:

Address:

▶ Section 4: Injury and Treatment Details

Description of injuries sustained:

Was any first aid administered on the premises?

If Yes - What treatment did they receive and who administered it?

Did the casualty have to go to hospital immediately?

If Yes - What treatment did they receive?

Did the casualty have to go to their GP or hospital as a follow up?

If applicable, how long did the casualty have to spend in hospital?

Does the accident need reporting under RIDDOR?

Any further action required?

▶ **Section 5a: Sign-Off**

Name of casualty:		Name of person completing the accident form:	
Job title:		Job title:	
Signature:		Signature:	

▶ **Section 5b: Sign-Off**

Name of casualty:		Name of person completing the accident form:	
Name of casualty's parent / carer:		Job title:	
Parent / carer signature:		Signature:	