

Personal Injury/ Accident Report Form



This form is intended for the use of NIG customers. It is intended to be completed for all work related accidents and incidents, including:
- RIDDOR reportable accidents (note see <http://www.hse.gov.uk/a-z/a.htm#accidents>)
- Any accident, regardless of the outcome, which had the potential for a serious injury or major loss.

Note - All parts of the form should be completed or marked "N/A".

1 Accident Particulars

Date Time

Address at which the accident occurred

 Postcode

Exact Location at which the accident occurred

Witnesses to the accident - Note: all should complete witness statements (see rear of form)

2 Injured Persons

Full Name

Home Address

 Postcode

If the person injured is not an employee or is usually based at another location give details:

First Aid Given Yes No

Name of First Aider

If sent to Hospital: Which Hospital

Detained in Hospital more than 24 hours Yes No

Details recorded in Accident Book Yes No

Was the injured person engaged on abnormal or unauthorised duties Yes No

If **yes**, detail:

3 Injuries

Nature of Injuries

4 Time Lost

Did the injured person continue working

Yes

No

Time lost at time of accident hrs

mins

Total days absent

5 Accident Details

How did the accident happen? Be factual, give as much information as possible about events leading up to the accident (continue on separate sheet if necessary):

6 Investigation Checklist

Investigation Checklist	Yes	No	N/A	
Were any photographs taken?				
Was there a risk assessment for this task/activity?				If a Reportable Dangerous Occurrence (RIDDOR) detail below: A Date reported to authorities B Time reported to authorities C Date F2508 sent to authorities D How the report was made: Telephone, on Line, Fax, Post
Was there a safe working procedure/ or method statement for this task?				
Was it being followed?				
Was suitable PPE issued and worn?				
Was there an unsafe act or was the area/were the conditions surrounding the accident unsafe?				

7 RECOMMENDATIONS (to prevent reoccurrence)

Note: these should be time scaled for implementation with the person responsible for implementing also specified. Once action has been taken this form should be updated to reflect the action taken

Form completed by:

Name (Print)

Position

Signed

Date

Recommendations implemented by

On (Date)

8 Witness Statement Form

(Please print in BLOCK CAPITALS)

My full name is

My date of birth is

My home address is

I am employed by

And I work in the following area

My job title is

And I have been employed by this company for Months/years.

I witnessed the accident which occurred on At time.

The circumstances as I witnessed them were as follows:

The contents of this statement are true to the best of my knowledge and belief.

Signature:

Date:

