

# ACCIDENT & INCIDENT REPORT FORM

## DETAILS OF ACCIDENT/INCIDENT OR NEAR MISS

Date of Accident/Incident:

Time of Accident/Incident:

Where did the accident/incident occur?

Briefly describe the circumstances of the accident/incident: Continue overleaf if required

## DETAILS OF INJURED PERSON (IF APPLICABLE)

Title:

Address:

Surname:

Forename(s):

Injury or part of body injured:

Treatment:

Occupation:

Employment Status:

Time off work:

Employee No:

DOB:

Name and contact details of all witness's:

Action to prevent reoccurrence:

Details of person completing this form: