

Accident Report

Company or
dept name

Date __/__/__

About you, the person filling in this record

Name:

Address:

Occupation:

About the person who had the accident

Name:

Address:

Occupation:

About the accident. *Continue on the back if you need to.*

When did it happen? Date: / / Time:

Where did it happen, which room/area?

How did it happen, can you give a cause?

What was the injury?

Signed Date: / /

For the Employer only: If the accident has been reported under RIDDOR 2013

How was it reported?

When was it reported Date: / / Time

