

Accident Report Audit

Company or
dept name

Date __/__/__

Carried out by (name) _____

Reporting period __/__/__ to __/__/__

	Actioned by
Number of accident AND near miss reports completed in the period?	
Any patterns seen across these reports?	
Detail actions taken to reduce risk levels this period. e.g. training, signage, maintenance, new equipment etc	
Are you happy that a report was made of all accidents and near misses?	
Are you happy that the relevant action has been taken?	
Meeting held with first aiders on __/__/__ Issues raised by first aiders?	