Accident and Incident Report

Record what happened, who was involved, injuries, first aid given, witnesses and whether the incident is RIDDOR reportable.

Incident details

Date of incident *	_____ / _____ / _____
Time of incident *	_____ : _____
Location of incident *	
Type of event *	☐ Injury ☐ Ill health ☐ Dangerous occurrence ☐ Property damage ☐ Near miss
Describe what happened *	
Scene photo 1	*Attach photo or sketch*
Scene photo 2	*Attach photo or sketch*

Person involved

Name of injured person *	
Status *	☐ Employee ☐ Contractor ☐ Visitor ☐ Member of the public ☐ Service user / pupil
Job title	
Contact details	
Body part affected	

Nature of injury	
First aid given? *	☐ Yes ☐ No
First aider name	
Treatment given	
Taken to hospital?	☐ Yes ☐ No
Off work / unable to do normal duties for more than 7 days?	☐ Yes ☐ No ☐ Not yet known

Witnesses

Witness name	Witness contact details	Witness statement

Follow-up

Immediate cause	
Root cause	
Actions to prevent recurrence	

RIDDOR reportable? *	☐ Yes ☐ No ☐ Under review
RIDDOR reference number	
Date reported to HSE	_____ / _____ / _____
Additional comments	
Reported by name *	
Reported by signature *	
Date signed *	_____ / _____ / _____

* Required