



Report Number

Person affected/injured

Name _____

Home Address _____

Occupation _____

Works Number _____

Person reporting the incident (if other than injured person)

Name _____

Home Address _____

Occupation _____

Department _____

Date _____

Accident/incident

Date _____ Time _____

Place _____

Equipment/machinery involved _____

Description of incident (including cause and nature of injury)

Action taken/recommendations

Signed _____ Date _____

Employer please initial box if accident reportable under RIDDOR