

# Accident report form

Capture it while somebody still remembers. Near misses belong on this form too.

Write what happened in the reporter's own words — categories lose the detail an investigation needs. This form does not tell you what is reportable under RIDDOR: it records who decided and when. This record contains personal data; keep it secure and do not leave it open.

|      |             |               |
|------|-------------|---------------|
| SITE | REFERENCE   | DATE OF EVENT |
| TIME | REPORTED BY | DATE REPORTED |

## WHAT KIND OF EVENT

|                                       |                          |
|---------------------------------------|--------------------------|
|                                       | THIS ONE                 |
| Injury to a person at work            | <input type="checkbox"/> |
| Injury to a member of the public      | <input type="checkbox"/> |
| Near miss — nobody hurt               | <input type="checkbox"/> |
| Dangerous occurrence                  | <input type="checkbox"/> |
| Damage to plant, property or services | <input type="checkbox"/> |
| Occupational ill health reported      | <input type="checkbox"/> |

## PERSON INVOLVED

Leave blank for a near miss with nobody involved.

|                                                                |  |
|----------------------------------------------------------------|--|
| Name                                                           |  |
| Employer                                                       |  |
| Trade / role, and how long on this site                        |  |
| Age group and status (employee, agency, self-employed, public) |  |
| Contact details                                                |  |
| What they were doing at the time                               |  |

## WHERE AND WHEN

|                                                     |  |
|-----------------------------------------------------|--|
| Exact location on site                              |  |
| Date and time                                       |  |
| Weather and lighting conditions                     |  |
| Who else was present                                |  |
| Was the work covered by a RAMS or permit? Reference |  |

## WHAT HAPPENED

In the words of the person reporting it. Do not summarise into categories.

|  |
|--|
|  |
|  |
|  |
|  |
|  |

---

---

## INJURY OR DAMAGE

---

Injury sustained, and to what part of the body

Treatment given, and by whom

Taken to hospital? By whom?

Did they continue working, go home, or neither?

Damage to plant, property or services

---

## IMMEDIATE ACTION

---

|                                         | DONE                     | N/A                      |
|-----------------------------------------|--------------------------|--------------------------|
| First aid given                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency services called               | <input type="checkbox"/> | <input type="checkbox"/> |
| Scene made safe                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Scene preserved for investigation       | <input type="checkbox"/> | <input type="checkbox"/> |
| Plant or equipment quarantined          | <input type="checkbox"/> | <input type="checkbox"/> |
| Work in the area stopped                | <input type="checkbox"/> | <input type="checkbox"/> |
| Employer informed                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Next of kin informed, where appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| Entered in the accident book            | <input type="checkbox"/> | <input type="checkbox"/> |
|                                         | <input type="checkbox"/> | <input type="checkbox"/> |
|                                         | <input type="checkbox"/> | <input type="checkbox"/> |
|                                         | <input type="checkbox"/> | <input type="checkbox"/> |

## WITNESSES

---

Name — employer — contact — statement taken?

Name — employer — contact — statement taken?

Name — employer — contact — statement taken?

---

## RIDDOR CONSIDERATION

---

*What is reportable, by whom and in what time differs by event type and is taken from the current Regulations — not from this form.*

Considered by — name and position

Date and time considered

Current Regulations consulted?

Outcome — reportable or not, and on what basis

If reported: by whom, when, and the reference received

If not reported: reason recorded

---

## INVESTIGATION — IMMEDIATE CAUSE

---

---

---

---

---

INVESTIGATION – UNDERLYING CAUSE

'Operative slipped' is where most investigations stop. Why was there standing water, why did nobody report it, and why did this happen in March too?

ACTIONS TO PREVENT RECURRENCE

|                                          |  |
|------------------------------------------|--|
| Action — owner — target date — completed |  |
| Action — owner — target date — completed |  |
| Action — owner — target date — completed |  |
| RAMS or plan updated? By whom, when      |  |
| Shared with the workforce? How, when     |  |

SIGN-OFF

|                         |                       |
|-------------------------|-----------------------|
| INVESTIGATED BY         | DATE                  |
| REVIEWED BY             | DATE                  |
| RECORD HELD SECURELY AT | RETENTION REVIEWED ON |