

## **ACCIDENT REPORT – INJURY TO PERSON ONLY**

**An unplanned, unwanted event which leads to an injury (e.g a cut hand)  
NO DAMAGE TO EQUIPMENT OR PROPERTY**

This form is to be completed by a **Manager, Director** or a person nominated them.

### **Time, Date, Location**

When did the accident occur? Time: ..... Date: .....

Where did the accident occur? .....

.....

Who was involved in the accident? .....

.....

### **Accident**

Provide a full description of what happened

### **Action to be taken/Recommendations**

Is there any action needed to ensure this accident is not repeated

**Department Manager/Supervisor**

Is this an isolated incident? YES / NO

Does this incident involve other departments? YES / NO

Has any damage occurred to property? YES / NO

If YES, provide a brief description and estimate of loss or repair cost: .....

.....

.....

Is the employee deemed competent in relation to this incident? YES / NO

If NO, give details: .....

.....

**Fit for work**

Was the employee off work due to the above accident? YES / NO

If Yes, how long was the employee off work? .....

Has a Back to Work Interview Taken Place? YES / NO

Is the employee fit to return to work? YES / NO

If NO, please give details .....

.....

.....

**Insurance Company Notification**

Have the Insurance Company been notified? YES / NO

and By Whom: .....

**Risk Assessment Review**

Has the current risk assessment been reviewed and any actions recorded? YES / NO

### **RIDDOR Notification – [www.hse.gov.uk/riddor/report](http://www.hse.gov.uk/riddor/report)**

Should RIDDOR be notified of the accident?

YES / NO

If YES, attach a copy of the notification to this report.

### **RIDDOR reportable incidents – [www.hse.gov.uk/riddor/reportable-incidents](http://www.hse.gov.uk/riddor/reportable-incidents)**

#### **The death of any person**

**Specified injuries to workers** – fractures, other than to fingers, thumbs or toes; amputations; any injury likely to lead to permanent loss of sight or reduction in sight; any crush injury to the head or torso causing damage to the brain or internal organs; serious burn (including scalding) which: covers more than 10% of the body; causes significant damage to the eyes, respiratory system or other vital organs; any scalping requiring hospital treatment; any loss of consciousness caused by head injury or asphyxia; any other injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness, requires resuscitation or admittance to hospital for more than 24 hours

**Over-seven-day incapacitation of a worker** – the seven days does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

**Non-fatal accidents to non-workers** – if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

**Occupational diseases** – If they are likely to have been caused or made worse by work, including: carpal tunnel syndrome; severe cramp of the hand or forearm; occupational dermatitis; hand-arm vibration syndrome; occupational asthma; tendonitis or tenosynovitis of the hand or forearm; any occupation cancer; a disease attributed to an occupational exposure to a biological agent.

**Dangerous occurrences** – certain specified near-miss events. 27 categories of dangerous occurrences that are relevant to most workplaces e.g. the collapse, overturning or failure of load bearing parts of lifts and lifting equipment; plant or equipment coming into contact with overhead power lines; the accident release of any substance which could cause injury to any person.

### **Signatures**

Manager's Signature: ..... Date: .....

Employee's Signature: ..... Date: .....

HSE Director's Signature: ..... Date: .....