

Accident investigation report

Report number

This form should be completed by the Accident/Incident Investigator.

It must be numbered consecutively and all forms must be filed in your accident report folder

Section 1	General information	Please complete this Section once for each accident – on the basis of your investigations
Section 2	The person involved in the accident, and his/her view of what happened	Please complete this Section separately for each person involved in the accident
Section 3	The witness to the accident, and his/her view of what happened	Please complete this Section only if there was at least one witness. If there was more than one, complete it separately for each witness to the accident
Section 4	Your conclusions and recommendations	Please complete this Section once for each accident

Section 1 **General information**

Time and place

Date of accident/incident _____ Time of accident/incident _____ am/pm

Location where accident/incident occurred _____

The task which gave rise to the accident/incident (or was otherwise involved in it)

Has this task been assessed for risk? **YES/NO** (please delete as applicable)

Is there a formal safe system of work for this task? **YES/NO** (please delete as applicable)

The condition of the immediate area around the site of the accident/incident

Floors Steps Access /Exits

Lighting _____

Other conditions _____

Machinery - details of any mechanical equipment involved

Type _____ Date of purchase _____ Date of last service _____

Name of machinery _____ Parts involved in accident _____

Describe any faults found _____

Type _____ Date of purchase _____ Date of last service _____

Name of machinery _____ Parts involved in accident _____

Describe any faults found _____

Type _____ Date of purchase _____ Date of last service _____

Name of machinery _____ Parts involved in accident _____

Describe any faults found _____

Section 2 **The person involved in the accident**

Details of the person

Name _____

Address _____

Length of service _____ Status of employment (e.g. agency/part time, etc) _____

Job title (and organisation) _____ Age _____ Clock No _____

Was the person authorised to carry out the work which he/she was doing when the accident/incident occurred? **YES/NO**

Had the person received relevant training, e.g. induction or specific plant operation training **YES/NO** (delete as applicable)

Describe what happened (according to the person involved in the accident/incident)

Draw a diagram, using a separate piece of paper, or attach a photograph(s)

Indicate how many attached items you have included Diagrams Photographs

Nature of the injury _____

First Aid given _____

Name of First Aider _____

Is the injured person BACK AT WORK / IN HOSPITAL / AT HOME ? (please delete as applicable)

Is this a reportable accident/incident under RIDDOR? **YES/NO** (please delete as applicable)

If **YES** Name of person responsible for completing the RIDDOR: _____ Completion Date: _____

Section 3 **Witness statement**

Witness's particulars

Name _____

Address _____

Job title _____ Post Code _____

Describe what happened (according to the witness)

Witness's signature

I hereby confirm that the information in this statement is correct to the best of my knowledge

Signed _____ Date _____

Section 4 **Findings and recommendations**

Your findings and conclusions following the investigation

What preventative measures do you recommend should be introduced?

Please indicate which of these have already been carried out

Your own details

Name of accident/incident investigator _____

Address _____

Job title _____ Date of investigation _____

Your signature

I hereby confirm that the information in this statement is correct to the best of my knowledge

Signed _____ Date _____ (Copy to file)