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| **Accident / Near Miss Report Form** | | | | |
| **About the person who had the accident/near miss** | | | | |
| **Full Name** |  | | | |
| **Address** |  | | | |
| **Postcode** |  | | **Age if under 16** |  |
| **Occupation** |  | | | |
| **Activity being undertaken at time of the incident** | |  | | |

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| **About the person reporting the accident/near miss (if not the same as above)** | | | | |
| **Full Name** |  | | | |
| **Address** |  | | | |
| **Postcode** |  | | **Age if under 16** |  |
| **Occupation** |  | | | |
| **Role being undertaken at time of the incident** | |  | | |
| **Signature** | |  | **Date** |  |

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| **About the accident/near miss – when and where?** | | | |
| **Date it took place** |  | **Time** |  |
| **Where it took place: room or location** |  | | |

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| **About the accident/near miss – what happened?** | |
| **How did the accident/near miss happen? What was the cause?** *Continue on a separate sheet if necessary* |  |
| **If there were any injuries – what were they?** *Continue on a separate sheet if necessary* |  |

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| **Signature of employer or person in charge** |  |

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| **Additional Information**  **Please give details of any witnesses to the accident/near miss (names and role).**  **Any further information can be recorded here.** *Continue on a separate sheet if necessary.* |

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| **Should this incident be reported under RIDDOR?** | **Yes** |  | **No** |  |

Reportable incidents include those resulting in death, unconsciousness, broken bones (not finger or toes), those requiring hospital attendance or when something dangerous occurred that could have had serious consequences. If you are unsure whether RIDDOR applies, please contact the person with responsibility for Health and Safety.