

**MF016: Issue 3**

# ACCIDENT RECORD

RECORD NO: .....

1.	<b>About the person who had the accident</b>
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Name.....

Address.....

.....Postcode.....

Occupation.....

2.	<b>About you, the person filling in this record</b>
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Name.....

Address.....

.....Postcode.....

Occupation.....

3.	<b>About the accident</b> <i>[Please continue addition to this form if necessary]</i>
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When it happened. Date ...../...../..... Time .....

Where it happened. Please state which room or place.....

How the accident happened. Please give the cause if you can.....

If the person who had the accident suffered an injury, please say what it was.....

Please sign this record and date it.

Signature.....Date...../...../.....

4.	<b>For the employee / volunteer only</b>
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By ticking this box I give my consent to disclose my personal information and details of the accident which appear on this form to safety representatives and representative of employee/volunteer safety for them to carry out the health and safety functions given to them by law.

Signature.....Date...../...../.....

5.	<b>For the employer only</b>
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Please complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

How was it reported?.....

Date reported...../...../.....Signature.....