

Report Number

HSE ACCIDENT RECORD

1 About the person who had the accident

Name

Address

Postcode

Occupation

2 About you, the person filling in this record

* If you did not have the accident, write your name, address and occupation:

Name

Address

Occupation

3 About the accident *Continue on the back of this form if you need to*

Say when it happened. Date Time

Say where it happened. State which room or place.

Say how the accident happened. Give the cause if you can.

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

* Please sign the record

and date it. Signature

Date

4 For the employer only

* 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