

Person affected/injured

Name _____

Home address _____

Occupation _____ Works number _____

Person reporting the incident if other than injured person

Name _____

Home address _____

Occupation _____

Department _____ Date _____

Accident/incident

Date _____ Time _____

Place _____

Equipment/machinery involved _____

Please give full description of incident overleaf

Action taken/recommendations _____

Signed _____ Date _____

Employer

please complete below if accident reportable under RIDDOR

Date reported _____ Signature _____

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Home address _____

Occupation _____ Works number _____

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