

# SAMPLE ACCIDENT REPORT FORM

## Appendix II

**This, or similar, form can be used as a first and active record. The accident or incident must be entered however on the web-based recording system as soon as possible.**

Reference Number	.....
Name of Injured Party.....	
MRC Staff	<input type="checkbox"/> Staff Number.....
Other Staff	<input type="checkbox"/>
Student	<input type="checkbox"/>
Visitor/Member of public	<input type="checkbox"/>
Contractor/Engineer	<input type="checkbox"/>
Occupation.....	
Date/ Time of Incident	.....Location (e.g. room or facility).....
Injury(ies) Sustained.....	
Body Part(s) Affected.....	
Additional medical treatment required (Y/N) .....	
Hospital attendance or admission (Y/N) .....	
RIDDOR incident or occurrence (Y/N) .....	
If yes: -	
Telephone report	(Y/N) ..... Reported by: .....
Form F2508 completed	(Y/N) ..... Completed by: .....
Dispatched by:	..... Filed by: .....
Date/Time reported to Unit Safety Co-ordinator/Administrator .....	
Date/Time reported to Corporate Health, Safety and Security .....	
Report Completed by .....	

Description/Details of incident

First-Aid Treatment Given (to be completed by the First-Aid trained person)

Immediate Recommendations