

Accident/ Incident Report Form

Confidential

Send completed form to: Health, Safety and Wellbeing Team,
Brunel Tower, Level 5, Swindon SN1 1LH.

Send completed SCS forms to: Health, Safety and Environment
Team, Waterside park, Derby Close, Swindon SN2 2DW.

Please keep a copy of this form for your records.

(All details to be entered)

Tick box - Acc / Inc to: Staff ☐ Service User ☐ Pupil ☐ Contractor ☐ Public ☐

Service Area: _____ Premises / Section: _____ Job Title: _____

1. Details of Person Injured or Affected:

Surname: _____ Forenames: _____ M / F _____ Age: _____
DOB: _____ Tel / Work No: _____ Date: _____
Address: _____
_____ Post code: _____ Signature: _____

2. Details of accident / incident, including brief details of first aid treatment provided:

Date: _____ Time: _____ Location: _____

Brief Details of injuries: _____

Full description of accident / incident : *(Please continue on separate sheet if required)* _____

Name of First Aider: _____ Taken from scene of accident to hospital Yes / No

Was the employee unable to do the full range of duties for more than 3 days? Yes / No

3. Reporting to the Incident Control Centre (RIDDOR)

Date reported: _____ Time reported: _____ To whom reported: _____

Position: _____ RIDDOR Incident Reference No: _____

How reported: Telephone / Fax / Email / Internet / F2508 by post

4. Witness Details

Name: _____ Address: _____ Tel: _____

Name: _____ Address: _____ Tel: _____

Were Police involved - Yes / No Name & No of Officer: _____

5. Actions taken to prevent recurrence: *(Please continue on separate sheet if required)*

Risk Assessment reviewed: Y / N

Additional training / controls: Y / N

6. Authorisation Details

Name of person completing form: _____ Signature: _____ Date: ____/____/____

Name of line/senior manager: _____ Signature: _____ Date: ____/____/____

Investigation completed by: _____ Signature: _____ Date: ____/____/____

7. I the person named in section 1 above, give authorised consent as a union member, to disclose and forward personally a copy of this form to my union representative. Information can only be given provided details on the form does not implicate any other person. Signature: _____



Data Protection: The information you provide will be used to investigate the above incident / accident and will be disclosed to the Health, Safety & Wellbeing team for the purposes of investigation so that we can review the incident / accident in order to prevent reoccurrence.