

# FIRST AID

## A c c i d e n t   r e p o r t   f o r m

### ABOUT THE PERSON WHO HAD THE ACCIDENT

Name:

Address:

City/Town:

Post code:

Telephone:

Occupation:

### DETAILS OF PERSON REPORTING THIS ACCIDENT

Name:

Address:

City/Town:

Post code:

Telephone:

Occupation:

### LOCATION AND CAUSE OF ACCIDENT/INJURY

Date:

DD

MM

YYYY

Time:

HH

MM

Where did the accident/injury take place? give details:

How did the accident happen? give cause if you can:

### WITNESS DETAILS

Name:

Address:

City/Town:

Post code:

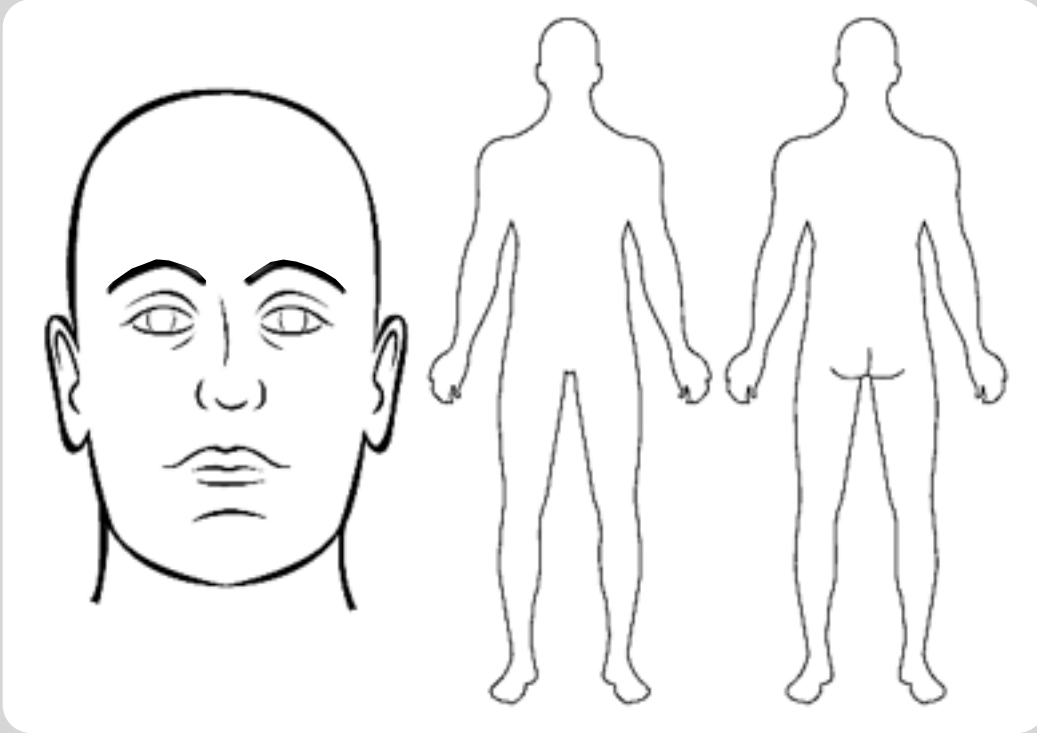
Telephone:

LOCATION OF INJURY (IF APPLICABLE)

FRONT

BACK

Vital Signs



Responds to (circle)

Alert  
Verbal stimuli  
Pain stimuli  
Unresponsive

Breathing:

Pulse:

Any medication:

DESCRIPTION OF ACCIDENT/INJURY

Please describe the accident/injury in detail:

Signed:

Date:

DD

MM

YYYY

**EMPLOYERS USE ONLY**

If this incident is reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

Action taken:

Signed:

Date:

DD

MM

YYYY

Please Note: To comply with the Data Protection Act 1998 (DPA) personal details entered on accident record forms must be kept confidential.