ACCIDENT RECORD FORM

Report No

ABOUT THE PERSON WHO HAD THE ACCIDENT 1

Name

Address

Postcode | Telephone

Occupation

DETAILS OF PERSON REPORTING THIS ACCIDENT 2

Name and Organisation

Address

Postcode | Telephone

Occupation

DETAILS OF ACCIDENT/INJURY 3

Date: DD / MM / YYYY | Time: HH / MM

Where did the accident/injury take place?

.....

Say how the accident happened, give a cause if you can

.....

.....

Details of accident/injury

.....

Signed: | Date: DD / MM / YYYY

HIRER USE ONLY 4

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

How was it reported?

Signed: | Date: DD / MM / YYYY

Please Note: To comply with the Data Protection legislation personal details entered on accident record forms must be kept confidential.

Form received by Parish Council Clerk (email clerk@gravenhurst-pc.gov.uk) on: