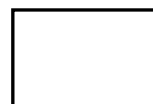


Accident record



Report Number

1 About the person who had the Accident

Name

Address

..... Postcode

Occupation

2 About you. the person filling in this record

▼ if you did not have the accident please write your address and occupation.

Name

Address

..... Postcode

Occupation

3 About the accident Continue on another sheet and attach to this form if you need to

▼ Say when it Happened. Date / / Time.

▼ Say where it happened State which room or place.

▼ Say how the accident happened. Give cause if you can.

▼ If the person who had the accident suffered an injury, say what it was.

▼ Please date the record and sign it.

Date. / / Signature

4 For employee only

▼ By ticking this box I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives of employee safety for them to carry out the health and safety functions given to them by law.

Signature Date / /

5 For the employer only

▼ Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to report go to page 4 of book or go to www.hse.gov.uk/riddor/report.htm2

How was it reported?

Date reported / / Signature



INTERNAL ACCIDENT REPORT FORM
For use by Group Leaders/Nominated Person

SECTION A

Accident entered at the time of incident at the Premises where the accident occurred. **Obtain Premises' H.S.E. Accident Book**

Insert Form No.

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Name of Injured Person

Premises Address

SECTION B - On reverse

To be completed when the accident has not been entered into a Premises' H.S.E. Accident Book. (This is to ensure a record is kept)

SECTION C

To be completed for all accidents:

Name of Group

Name of Group Leader/Nominated Person

Address of Group Leader/Nominated Person

.....

Please attach

- a. A list of all members present when the accident occurred
- b. Any additional information e.g. Photographs.

FOR U3A OFFICIAL USE

Accident entered into U3A H.S.E. Accident Book

Date:

By:

Follow up action required Yes / No

Action taken by:

Date:

Completed form to be handed to U3A Secretary for attachment to U3A H.S.E. Accident Book.

Contact details on Newsletter