



Incident/Accident Report Form

Please use this form to report and record all accidents, incidents or "near misses". Additional sheets can be added to the report if required. This form should be sent to the office within 24hrs of the incident.

ABOUT THE INJURED PERSON (As applicable)					
Full Name:				D.O.B:	
Address:					
Contact Telephone Number:					
Occupation:					
ABOUT THE PERSON COMPLETING THE FORM					
Full Name:					
Address:					
Contact Telephone Number:					
Status in respect of BDS:					
ABOUT THE INCIDENT					
Brief description of the incident:					
Location:		Time:		Date:	
What happened?					
How did it happen?					
What action was taken?					
Signature:				Date:	
For Office Use					
Date Form received:		Investigation Required:	YES		NO
RIDDOR Reference:			Report Number:		
Completed by:		Signature:		Date:	