Accident Report Form

This form is only to be completed by the event organiser or their representative and **not** by the person sustaining the injury.

Event name:		

When was the accident reported, and to whom?

Date it was reported:	/	/	Time it was reported:	am / pm
Name of the person the accident was reported t				
What is their role in the event?				

Details of injured person

First name:			Sur	name:	
Address:					
				F	Post code:
Date of birth:	/	/	Phon	e no:	

What is their relationship to the Hirer/Hiring organisation?

Employee	Volunteer
Contractor	Exhibitor/stallholder
Performer	Member of the public
Other (please state)	

About the accident

Date of accident:	/	/	Time of accident:	am / pm
What happened?				
Where did it				
happen?				

About the injury

What part of the body was injured?	
Wae injarea.	
	eg right arm, left ankle etc
What was the injury?	
What was the injury!	

Treating the injury Was first aid given? Yes No If yes, what first aid was given? Eg plaster, bandage, sling etc Who gave first aid? Which organisation were they from? Was an ambulance called? Yes No Was the injured person taken to hospital? No hospital by Yes, taken to ambulance Insert name of hospital Yes, taken to hospital but **not** by ambulance Insert name of hospital Name and address of any witnesses 1) First name: Surname: Address Post code: Phone number:

2) First name:	Surname:	
Address		
	F	Post code:
Phone number:		

Person completing this form:

First name:		Surname:	
Role in the event:			
Address		-	
		F	Post code:
Phone number:			

Refer to the Health and Safety Executive's website <u>https://www.hse.gov.uk/riddor/</u> to see if the accident needs to be reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)