**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 to: | |  | | |
| What is their role in the event? | |  | | |

**Details of injured person**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name: |  | | Surname: | | |  | |
| Address: |  | | | | | | |
|  | | | Post code: | | |  |
| Date of birth: | / / | Phone 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? |  |
|  | *eg right arm, left ankle etc* |
| What was the injury? |  |
|  | *eg graze, cut, bruise etc* |

**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 |  | | | | |  |
|  |  |  |  | | | | |  |
|  |  | Yes, taken to |  | | | | | hospital by 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: |  | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. First name: |  | Surname: | | |  | |
| Address |  | | | | | |
|  | | Post code: | | |  |
| Phone number: |  | | |  | | |

**Person completing this form**

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

*Refer to the* [Health and Safety Executive’s website](https://www.hse.gov.uk/riddor/index.htm?utm_source=hse.gov.uk&utm_medium=referral&utm_campaign=riddor&utm_content=home-page-info) *to see if the accident needs to be reported under RIDDOR ( Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 )*