

# Accident Investigation Report Form

## ABOUT THE ACCIDENT

**Name of the injured person:**

**Job Title of the injured person:**

**Address of the injured person  
(including postcode):**

**Date of the  
accident:**

**Time of the  
accident:**

**Time accident was  
reported:**

**Was the injured person authorised to be undertaking the  
activity?**

Yes  No

**Details of the accident:**

**Was the person properly trained to carry out the work?**

Yes  No

**Do Safe Systems of Work exist covering the accident?**

Yes  No

If Yes, was the injured person trained in the Safe System of Work?

Yes  No

**Were there any witnesses to the accident?**

Yes  No

**Was the injured person able to continue normal working activities?**

Yes  No

**Outline the controls that were in place at the time of the accident: (PPE, guards, Safe Systems of Work, training, signage, barriers etc.)**

**Were all the required controls working effectively at the time of the accident?**

Yes  No

If no, describe why they were not effective at the time of the accident:

**What were the causes of the accident? tick those that apply:**

- |                     |                          |                           |                          |                              |                          |
|---------------------|--------------------------|---------------------------|--------------------------|------------------------------|--------------------------|
| Serious emergency   | <input type="checkbox"/> | Cold                      | <input type="checkbox"/> | Rushing                      | <input type="checkbox"/> |
| Insufficient space  | <input type="checkbox"/> | Fumes                     | <input type="checkbox"/> | Wrong tools                  | <input type="checkbox"/> |
| Obstruction         | <input type="checkbox"/> | Steam                     | <input type="checkbox"/> | Incorrect use of tools       | <input type="checkbox"/> |
| Poor lighting       | <input type="checkbox"/> | Slippery areas            | <input type="checkbox"/> | Poor housekeeping            | <input type="checkbox"/> |
| Condition of tools  | <input type="checkbox"/> | Excessive heat            | <input type="checkbox"/> | Using too much force         | <input type="checkbox"/> |
| Incorrect lifting   | <input type="checkbox"/> | Over-reaching             | <input type="checkbox"/> | Method of working incorrect  | <input type="checkbox"/> |
| Defective footwear  | <input type="checkbox"/> | Horse play                | <input type="checkbox"/> | Lack of training             | <input type="checkbox"/> |
| Lack of supervision | <input type="checkbox"/> | Instructions not followed | <input type="checkbox"/> | Safe systems of work ignored | <input type="checkbox"/> |

Other (please list):

## TREATMENT DETAILS

**Details of the injury:**

**Part of the body injured:**

**Treatment given at the time  
of the accident:**

**Name of person providing treatment:**

**Was the injured person:** (Tick as appropriate)

Sent back to work  Sent home  Sent to hospital

**Details of hospital or medical centre that injured person was sent to:**

**Does the accident need to be reported under RIDDOR reporting requirements?**  Yes  No

**Date reported to HSE under the RIDDOR reporting requirements:**

**WITNESS DETAILS** (Complete this form for each witness)

**Name of witness:**

**Job title of witness:**

**Statement of witness:**

**Date statement was taken:**

**Signature of witness:**

## POST-ACCIDENT MANAGEMENT ACTION PLAN

**Manager's name:**

**Manager's action plan:**

Outline any actions taken as a result of the investigation (risk assessment review, changes to the task, training, issue of PPE, new risk controls etc.)

**Date action plan was completed:**

**Signature of Manager:**