

Accident Investigation Report Form

This Form is to be completed by an employee:

Type of Accident:

Date:

Time:

Location of Accident:

Name & Address of Person in Accident:

Age of Person in Accident:

Casualty Taken to Hospital:

Yes No

Ambulance Called Time:

Ambulance Arrival Time:

Details of Accident:

Further Information is required on the reverse of this form:

Witnesses

Name:

Address:

Name:

Address:

Name:

Address:

Accident Form Filled in:

Yes

No

HSE Informed:

Yes

No

Signed

Employee:

Date:

Police Called:

Yes

No

Crime Ref No:

Comments:

Additional Comments Manager:

Signed:

Date:

