

An accident is an unplanned event that results in an injury or could have resulted in an injury or results in damage to equipment or property. Anyone can complete an accident report form. Once completed the form should be sent by email to: brendaharper@bels.org.uk.

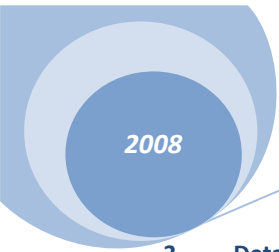
Confidentiality - This form will be held securely by BELS for the purpose of monitoring health and safety and will only be disclosed to persons or organisations able to demonstrate a legal right to the data therein.

1 Details of Person Completing This Report

Full name.....	
Staff/Student/Visitor/Contractor (delete as appropriate)	
School/Department/Course if student.....	
Address & postcode if visitor or contractor.....	
.....	Health and Safety Officer:
Y/N (delete as appropriate)	
Telephone contact number.....	
Date: DD/MM/20YY	

2 Details of Incident

Describe what happened and why, if known
.....
.....
.....
.....
Date of occurrence: DD/MM/20YY
Time of occurrence: 00:00 am/pm (delete as appropriate)
Location of occurrence:



Accident / Incident Report Form

3 Details of Any Persons Injured

Person 1

Full name:
 Staff/Student/Visitor/Contractor (delete as appropriate)
 School/Department/Course if student:
 Address & postcode if visitor or contractor:

 Telephone contact number:
 Nature of injury:

 Type Treatment given:
 Treatment given by:
 Taken to hospital - Yes/No (delete as appropriate)
 If yes, which hospital and how taken.....
 Off work as a result of accident/incident? - Yes/No (Delete as appropriate). If yes how many days?

Person 2

Full name:
 Staff/Student/Visitor/Contractor (delete as appropriate)
 School/Department/Course if student:
 Address & postcode if visitor or contractor:

 Telephone contact number:
 Nature of injury:

 Type of Treatment given:
 Treatment given by:
 Taken to hospital - Yes/No (delete as appropriate)
 If yes, which hospital and how taken.....
 Off work as a result of accident/incident? - Yes/No (Delete as appropriate). If yes how many days?

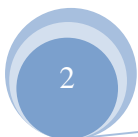
Person 3

Full name:
 Staff/Student/Visitor/Contractor (delete as appropriate)
 School/Department/Course if student:
 Address & postcode if visitor or contractor:

 Telephone contact number:
 Nature of injury:

 Type of Treatment given:
 Treatment given by:
 Taken to hospital - Yes/No (delete as appropriate)
 If yes, which hospital and how taken.....
 Off work as a result of accident/incident? - Yes/No (Delete as appropriate). If yes how many days?

Please copy this page if more individual injury reports need to be added.



4 For Completion by Health and Safety Officer

Name.....

Accident/Incident investigated - Yes/No (delete as appropriate)

Written investigation report necessary - Yes/No (delete as appropriate)

Written investigation report completed -Yes/No (delete as appropriate)

Written investigation report attached here – Yes/No (delete as appropriate)

RIDDOR reportable - Yes/No (delete as appropriate)

If yes, date reported.....