

# Accident Report

Accident Book

Item No ..... / .....

## Confidential - Client / Employee / Visitor

Report of Accident to a Client, Employee or Other Person on the premises

Name in full: .....  
(surname first)

Home Address: .....  
.....

Nature and extent of injury: .....  
.....

How caused: .....  
.....

Where occurrence took place: .....  
..... Time: ..... Date: .....

### If an Employee:

1. Nature of employment .....

2. Was he / she doing authorised work? [ YES ] [ NO ]

3. Was he / she on or off duty at the time? [ ON ] [ OFF ]

4. Normal Duty: .....

5. If on duty did he / she continue to work after the occurrence? [ YES ] [ NO ]

6. If he / she went off duty, time ..... am / pm

Name and address of witnesses .....

(witness statement should be attached)

Description of apparatus or equipment involved .....

Has it been retained for inspection? [ YES ] [ NO ] If YES give location

