

LONDON BOROUGH OF SOUTHWARK ACCIDENT/INCIDENT REPORT FORM

Please ensure **all** sections are completed as soon as possible after the incident (shaded areas should be omitted for third parties only) and that the form is passed to the relevant supervisor/manager. When this and the Accident Investigation form have been completed the supervisor/manager must forward this original to the Departmental Safety Adviser / nominated person **within 48 hours** of the incident. **For fatalities/ major injuries, the Departmental Safety Adviser should be contacted immediately.** Management to retain a copy of this form.
PLEASE PRINT

Person Involved

Surname:		Forenames:	
Home Address:			
Age:		Home Phone No:	
Status: Employee <input type="checkbox"/> Agency <input type="checkbox"/> Third Party <input type="checkbox"/>		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Dept		Work Base	
Occupation		Line Manager's Name:	

Date of Incident		Time:		am/pm
Address and Exact Location:				
Date Reported		By:		To whom:
How did the Incident Occur (state fully, use continuation sheet if necessary)				
What were you doing:				
Name and Address of any Witness				
Nature and extent of injuries (state left or right where appropriate)				
First-aid treatment given:			By whom:	
Any subsequent action (e.g. taken to hospital):				
People informed:				

To be completed by Supervisor/Line Manager:

Name: _____ **Signature:** _____
Occupation: _____ **Tel:** _____ **Date:** _____

to be completed by Safety Adviser/Nominated person:

Major Injury	Time lost:	Date HSE notified:
Yes <input type="checkbox"/> No <input type="checkbox"/>	days <input type="text"/>	<input type="text"/>