

Please complete all sections of this report. Provide factual information only.		Report No:	
Details Of Injured Person			
Surname:		First Name/s:	
Home Address:		Normal Occupation:	
Injured Persons Account Of The Accident:			
Location Of Accident: (Site address & location on site)			
Time & Date Of Accident:		Time & Date Reported:	
Nature Of Injury:			
Actions Taken:			
Treated By Company First Aider	Taken To Hospital	Sent Home	Other: <i>(give details)</i>
Referred to own GP	Treated & Discharged	Work With Restrictions	
Witness Details:			
Witness Report Number/s:			
Additional Comments:			
Line Manager Name:	Injured Person Signature:	Investigator Name:	
Signature:	Date:	Signature:	
Date:		Date:	
LINE MANAGER SHOULD COMPLETE AN ACCIDENT INVESTIGATION REPORT			