## ACCIDENT REPORTING

Please complete all sections of this report. Provide factual information only.		Report No:	
Details Of Person Involved In Accident / Incident:			
Surname:	First Name/s:	Event	t Date:
Details Of Accident / Incident:			
	on of the event – use sketches, dimensi	ons & p	ohotographs if required.
Use further sheets if required & attach to this document.			
Personnel Information:			
Line Manager Name:	Witness Name:	Comp	oleted in Presence Of:
Signature:	Signature:	Signa	iture:
Date:	Date:	Date:	
	Home Address:	Home	e Address:
	Telephone No:	Telep	hone No:
Data Protection:			
<b>NOTE:</b> The information on this form will be used to complete an accident / incident or near miss investigation which will subsequently be used for monitoring & review of the company Health & Safety Management System. In addition it will be used to comply with any statutory requirements and may be used for reporting to the Health & Safety Executive and / or Police. Details from this document will be stored for the period required by relevant health & safety legislation, or for a minimum of three years. The company will store data under the terms of the Data Protection Act 1998.			
LINE MANAGER SHOULD COMPLETE AN ACCIDENT INVESTIGATION REPORT			

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