

MF10.2A Accident and Incident Report Form

Section 1: Event Type (Please mark as appropriate)		
☐	Accident	An unplanned event resulting in injury or damage to people.
☐	Incident	An unplanned event that results in damage or loss to property, plant, and materials. Including spillages which have an environmental impact.
☐	Close Call	An event which does not result in injury or damage to plant or equipment but could do under slightly different circumstances.
☐	Dangerous Occurrence	Dangerous occurrences are certain listed near-miss events that are reportable as defined under RIDDOR.
☐	Hazard	Something (person, substance, activity, or process) that has the potential to cause harm.
☐	Property Damage	Damage resulting from company activities either owned by the company or private.
☐	Security Breach	Where an individual has accessed a site without the prior approved authorisation.
☐	Road Traffic Accident	Crash resulting in the vehicle colliding with another vehicle, pedestrian, animal, road debris or other stationary object sustained whilst on company business.
☐	Diseases	Reportable Diseases as outlined under the RIDDOR Regulations or specified by the HSE.

Section 2: Details of the person involved							
Name:				Job Title:			
Address:				Contact Number:			
				Manager:			
Employee:	☐	Contractor	☐	Visitor	☐	Member of Public	☐

Section 3: Location of Event					
Location Details:	Office Location		☐	Third Party Location	☐
	Site Name				
	Site Address				
	Site Post Code				

MF10.2A Accident and Incident Report Form

Section 4: Event Details									
Date of Event:					Time of Event:				
Activity being carried out:					RAMS Reference:				
Weather conditions:					Plant/Equipment involved (if applicable):				
What happened? <i>(Provide as much detail as possible, where, what, and how)</i>									
First Aid Required:	Yes	☐	No	☐	Name of First Aider				
Hospital Treatment:	Yes	☐	No	☐	Name of Hospital				
Details of Diagnosis & Treatment									
Photos Taken? <i>(Please attach)</i>	Yes	☐	No	☐	RAMS being followed?	Yes	☐	No	☐

Section 5: Details of the person completing this form				
Name:			Job Title:	
Contact Number:			Manager:	
Signed:			Date:	

MF10.2A Accident and Incident Report Form

Section 6: Witness details (If applicable)			
Name:		Name:	
Contact Number:		Contact Number:	

Once completed, please send to the SHEQ Manager

Section 7: To be completed by SHEQ Manager						
Unique Reference Number:						
RIDDOR Reportable:	Yes	☐	No	☐	RIDDOR Ref No:	
Lost Time Incident:	Yes	☐	No	☐	No. Lost Time Days:	
Date of First day of LTI:					Date Returned to Work:	
Reviewed by:					Signed:	
Investigation Required?	Yes	☐	No	☐	Date:	
Comments:						