

HATFIELD BROAD OAK PARISH COUNCIL

	Book Number		Page Number		Date Complete		Completed sheet handed to
----------------------	----------------	----------------------	----------------	----------------------	------------------	----------------------	---------------------------

A SEPARATE SHEET SHOULD BE COMPLETED FOR EACH PERSON INVOLVED IN THE ACCIDENT
Once completed the sheet should be passed to the Clerk to the Parish for secure safekeeping.
The person who had the accident may wish to obtain a copy of this form for their own records.

ACCIDENT REPORT FORM

Details about the person who had the accident

Name

Address

PostCode

Details about the person who had the accident

Name

Address

PostCode

Telephone Number

email

About the Accident

Time when accident occurred

Date of Accident

Where accident occurred

How the accident occurred

Details of any injury suffered

Tick if a risk assessment is required

☐

The person involved in the accident (or their parent or guardian) should tick the box and sign and date below if they consent to their details on the form being disclosed and made available to safety representatives and representatives of employee safety when requested.

Signature

Date

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)

How was it reported

Date reported

Print Name

Signature

This section should be signed by the Data Protection Officer (DPO) or a relevant contact to acknowledge receipt of the record and that it (has been/will be) stored as per GDPR documentation

Signature

Date