

Chiltern Transport & Warehousing Ltd

ACCIDENT / INCIDENT INVESTIGATION REPORT FORM

Time & Date of Accident / Incident **Time** **Date**.....

Employee's Name

Employee's Address

.....

.....

Employee's N.I. no

3rd Parties Name & Address

Witnesses to Accident

(Name address /contact details)

.....

Exact Location Of Accident/Incident

.....

.....

If outside what were the weather condition?

What were conditions of floor surfaces?

Details of what individual was doing at the time of the accident

Were they authorised to do this?

Had they been trained to do this?

If Applicable, Was safety equipment or clothing available & being used?

Did the injured person or any other person act in an unsafe manner?

What was the probable cause of the accident?

What corrective action has been taken to avoid a reoccurrence?

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ACCIDENT / INCIDENT REPORTING FORM

Please complete a full statement of accident / incident below. Please include details of the events immediately prior to the accident / incident, any 3rd parties involved, any witnesses to the accident / incident and your opinion as to the cause of the accident / incident. Please also state details of any injuries incurred and any medical treatment received.

Time & Date of Accident / Incident Time Date.....

Employee's Name

Employee's Address

Name & Address of Any 3rd parties Involved.

Details of any injuries or medical treatment

STATEMENT OF EVENTS:

Signed :