

Accident/Incident Report Form For Construction Sites

Site Name & Reference:		Site Telephone:	
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Details of Person completing the Form

Name:		Date:	
Job Title:			

Accident	Dangerous Occurrence	Near Miss	Illness
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Details of the Injured Person

Name of Injured Person:		Age/DOB:	
Address of Injured Person:			
Telephone:		Occupation:	
Employers Name:			
Managers Name:		Telephone:	
Company Address:			

Accident/Incident Details

Location of Accident/Incident (Block/Floor/Plot):	
What work was occurring at the time of the accident/incident:	
Summary of the accident/incident and the injury caused (part of body and severity): (attached additional pages if necessary)	

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Who else was involved? Who witnessed the accident/incident: (state names, employer, contact details. How the person was involved e.g. banksman, witness etc.)

First Aid Details

Additional Comments	
Who was the accident/incident reported to?	
What action has occurred since to prevent a reoccurrence?	
Is there a Method Statement? Please attach a copy if relevant	Yes/No
Were they working to the Method Statement?	Yes/No
Was the injured person inducted?	Yes/No
Please provide their CSCS Card Details:	Card No.:..... Card Type:.....

Please fax this completed form to Stansted Environmental Services Ltd – Fax 01279 873381

For Office Use Only	
Accident Category	
Follow-up action	