

RECORD OF ACCIDENTS AND OTHER MATTERS

HEALTH AND SAFETY AT WORK (ADMINISTRATION) REGULATIONS 1996

1. Personal data:-

Name of injured person

Surname

First Name

Other Int/s

Sex: Male/Female.....

2. Residential address.....
.....

3. Date of birth/...../.....

Occupational or job title:-

4. How long at this occupation/job? Years Months Days

5. Workplace relationship:-

Employment status:

6. Time and date of accidents or disease or incidentam/pm...../...../.....

7. Type of incident/accidents or disease

8. Agency of accident/incident/nature of Disease

9. How and where did accident, disease or incident happen?.....
.....

10. Description and location of personal damage:.....
.....

11. Corrective action identified: Date of action taken.....

12. Medical treatment:.....

13. Name of Medical Practitioner:.....

14. Date notified to the Chief Inspector of Health and Safety.....

15. Period of incapacity..... Years..... Months..... Days.....

* Employer/Principal Contractor

(Signature & Date)

Employee

(Signature & Date)

* Strike out whichever inapplicable.

Refer to fifth and sixth schedule for 7,8,9,and 10.