

## ACCIDENT/INCIDENT INVESTIGATION REPORT FORM

Name of Injured Person/s (if applicable):	
School/Service:	
Location of Accident/Incident:	
Date of Accident/Incident:	Time: <span style="float: right;">am/pm</span>
Witnesses:	Addresses/tel/fax/e.mail:
Description of how accident/incident occurred: (include details of any machinery/equipment involved)	
Use this space to sketch site if necessary:	

**Immediate Causes: What unsafe acts or conditions caused the event?**

**Underlying Causes: What organisational and/or job factors caused the event?**

**Remedial Actions: Recommendations to prevent a recurrence:**

**By Whom/By When will the remedial action be taken?**

**Signature of Investigator/s:**

**Date:**

Follow up action/review of recommendations and progress:

Name of Reviewer:

Position/Title of Reviewer:

Signature of Reviewer:

Date:

- On completion, this form should be attached to your copy of the relevant University Accident Report Form and retained for future reference and review.
- The University Health & Safety Officer must be notified immediately (by telephone ext 2726 or e-mail [k.h.Lloyd@staffs.ac.uk](mailto:k.h.Lloyd@staffs.ac.uk)) if the injury/ill health condition is reportable under RIDDOR 1995.