

County Durham Safety Advisory Group

Accident Report Form

Event Name _____

Event Reference Number _____

Event Date _____

This form is only to be completed by the Event Organiser or their representative and not by the person suffering the loss or injury.

Injured Person

Surname _____ Forenames _____

Address _____

_____ Post code _____

Telephone Number _____ Date of Birth _____

Employee Volunteer Exhibitor Contractor

Member of the Public Other _____

Date and Time of Accident

Date and time reported _____

Person reported to _____

Details in Accident Book? Tick box Yes No

Who holds the Accident Book (please include contact details)

Details of Injury (*specify left or right side*), and/or loss or damage

Details of Action Taken



Assisted by event representative (*please give name*) _____

First-aid administered (*please give name*) _____

Please tick relevant boxes

Ambulance called Yes No Taken to hospital Yes No

Name and address of hospital attended

Taken home Yes No

Circumstances of accident and location

Name and address of witness(es)

Person completing this form

Name _____

Address _____

_____ Post code _____

Telephone Number _____

Signature _____

Please send this completed form to: safeevents@durham.gov.uk
Or hard copy to: Safety Advisory Group, Environment, Health and Consumer Protection, PO Box 617,
Durham, County Durham, DH1 9HZ

For office use only
