

Accident Report Form AR1



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Health and Safety

November 2010

1. About the person who had the accident. (*full name, home address and designation*)

Name.....
 Address.....
Postcode.....
 Date of Birth.....
 School or base location.....

2. Please tick one:-

Pupil ☐ Enrolment No. Form / Class
 Visitor ☐ Relationship with school/location.....
 Employee ☐ Occupation: Date of Appointment: ____/____/____
 National Insurance No.: Staff No.:

3. What action was taken as a result of the accident? (*please complete fully*)

First Aid? YES ☐ NO ☐ FA's Name.....
 Resuscitation required? YES ☐ NO ☐ Comment
 Was injured person taken from scene of accident to hospital? YES ☐ NO ☐ Hospital
 Did injured person remain in hospital for more than 24hrs? N/A ☐ YES ☐ NO ☐ Hospital
 Sent home and/or absent from school/work? YES ☐ NO ☐ If "YES" date sent home or of first absence? ____/____/____

When did they return to school/work? ____/____/____

4. Was there any personal injury? (*say what it was*)

- (i) What injuries were noted at the time of the accident?
- Injury
 - Body part(s) affected (state left or right as appropriate)
 - Did injured person become unconscious at any time?
- (ii) Were any additional injuries reported later? (if so please describe).....
- (iii) Were the injuries: - Severe?☐ Moderate?☐ Slight?☐

5. About the incident.

- **When** did it happen? Date: ____/____/____ Time:
- **When** was it reported? Date: ____/____/____ Time:
- **Where** did it happen? State which room or place
- **Was** any other person injured at the same time? If yes, please give details
- **Who** reported the accident?
- **Were** there witnesses? Please state **YES/NO**
(statements to be obtained from adult witnesses on form AR2)
Name
Base Location
- **What** was the Accident Book entry reference number for this accident?

6. How did the accident happen? (give the cause if you can)

- **What** was the injured person doing at the time?
- **How** did it appear to happen? (state height of a fall of person or object)
- **Was** machinery, plant or dangerous substances involved? If so please give details
- **Was** the accident related to the condition of the premises or the fabric of the building?
If so please give details

If necessary you may include diagrams and additional details on a separate sheet and attach securely to this form along with witness statements (if any).

7. Now sign and date the form. (please check that it is fully completed first)

Principal / Manager Date

Please ensure this form is photocopied back to back on one page before returning. Thank you.