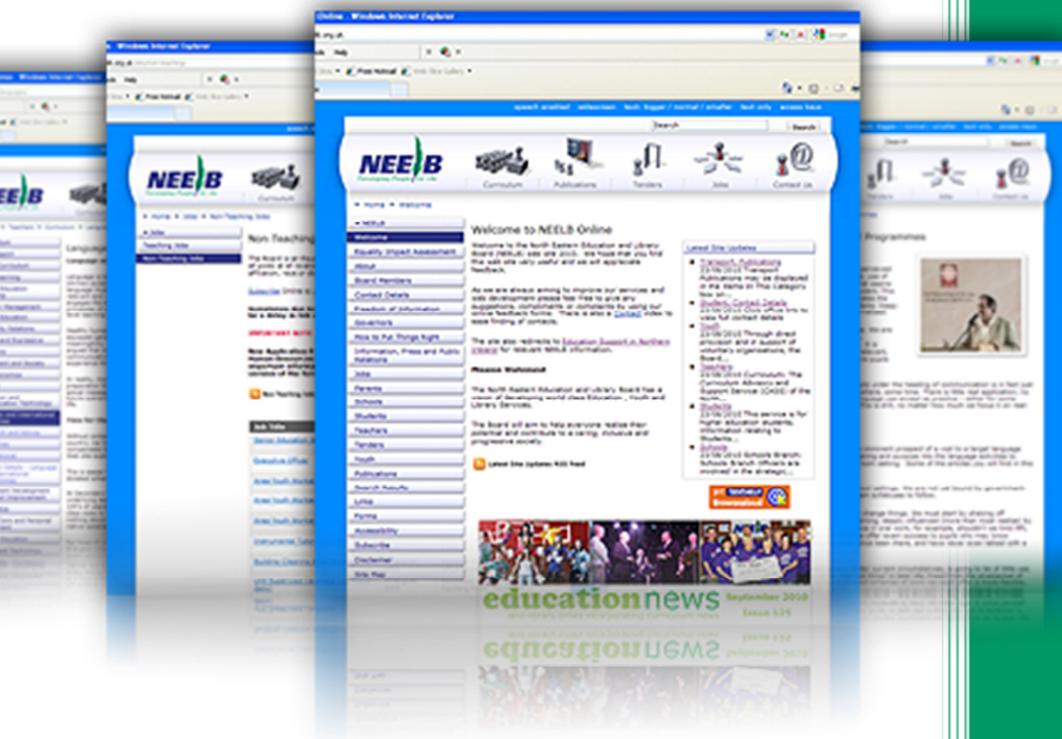


# Accident Report Form AR1



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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.**