**PENNARD COMMUNITY COUNCIL**

**Reporting of injuries, diseases and dangerous occurrences**

**Accident with injury record form**

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| **Details of injured person** | |
| **Name:** |  |
| **Status of person:** | Employee  Self employed  Member of the public  Contractor  Other  Please state: |
| **Date of birth:** |  |
| **Occupation:** |  |
| **Home address:** |  |
| **Date and time ceased work:** | / / Time: am / pm |
| **Date and time returned to work:** | / / Time: am / pm |
|  | |
| **Details of first aid treatment (to be completed by first aider or appointed person)** | |
| **Precise nature of injury:** |  |
| **Did the injured person receive first aid treatment at work?** | Yes / No |
| **If yes, give details:** |  |
| **Was the injured person taken to hospital?** | Yes / No |
| **If yes, give details of the name and address of the hospital:** |  |
| **Signed:**  (First aider or appointed person)  **Date:** |  |
|  | |
| **Details of the accident** | |
| **Address of location where the accident occurred:** |  |
| **Precise location where the accident occurred:** |  |
| **Date and time of the accident:** | / / Time: am / pm |
| **Exact details of what happened:**  Continue on separate sheet if required |  |
| **Details of witnesses:**  Statement of witnesses to be attached |  |
| **Signed:**  (Supervisor)  **Date:** |  |
|  | |
| **Checklist for managers** | |
| Has an entry been made in the Accident Book? | Yes / No |
| If the accident/incident is reportable, has it been reported to the Enforcing Authority? | Yes / No |
| Has an F2508 been completed?  OR  In the case of telephone reporting, has a reference number been allocated by the Enforcing Authority? | Yes / No  Yes / No |
| Has the insurance company been notified? | Yes / No |
| Has a full investigation been carried out with corrective/preventive actions taken to avoid a recurrence? | Yes / No |
| **Signed:**  (Manager)  **Date:** |  |