

ACCIDENT REPORTING FORM

Location of Accident: _____

Personal Details of Injured Person:

Full Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Details of Person Reporting the Accident:

Full Name: _____

Position/Role: _____

Contact Number: _____

Accident Information:

Date and Time of Accident: _____

Location (Detailed Description): _____

Brief Description of Accident:

Injuries Sustained:

Witnesses:

Full Names and Contact Details:

Immediate Actions Taken:

Declaration

I hereby declare that the information provided in this Accident Reporting Form is true, accurate, and complete to the best of my knowledge. I understand that providing false information may constitute a breach of legal obligations under UK law.

Data Protection

The personal data provided in this form will be processed in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. Data will be used solely for purposes connected with the investigation and management of the accident and will be stored securely.

Legal Compliance

This report complies with applicable UK health and safety legislation, including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), and may be used as evidence in legal proceedings if necessary.

Confidentiality

All parties agree to maintain the confidentiality of this report and related information, except where disclosure is required by law or authorised by the appropriate authorities.

Signature and Agreement

By signing below, the undersigned confirm that they have read, understood, and agree to the terms and statements contained in this Accident Reporting Form.

REPORTER'S SIGNATURE

SUPERVISOR'S SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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