

EAST KIRKBY PARISH COUNCIL

Accident Report Form

ACCIDENT DETAILS:

Date and time of the Accident : _____

Location of the Accident : _____

Describe the Accident : _____

Details of the witnesses, if any : _____

PERSON(S) INVOLVED

Name(s) : _____

Job title(s) : _____

Nature and extent of injuries : _____

ACCIDENT CATEGORY

Select the appropriate category for the Accident:

- Slip, Trip, or Fall
- Equipment or Machinery related
- Vehicle or Transportation related
- Struck by Object
- Caught in/between Objects
- Electrical Incident
- Other (specify) :

ACCIDENT DESCRIPTION

Provide a detailed description of how the accident occurred :

IMMEDIATE ACTIONS TAKEN

Describe the immediate actions taken to address the accident and provide assistance :

CONTRIBUTING FACTORS

Were there any contributing factors to the Accident? If yes, select the relevant factors:

- Unsafe Work Practices
- Lack of Training
- Equipment Failure

- Environmental Conditions
- Communication breakdown
- Other (Specify) : _____

INVESTIGATION:

Will a further investigation be conducted? : YES NO

If yes, specify the person(s) responsible for the investigation : _____

Provide any additional details or instructions for the investigation : _____

PREVENTIVE MEASURES

What preventive measures can be implemented to avoid similar Accidents in the future?

: _____

ADDITIONAL COMMENTS

Is there any additional information or comments you would like to include?

: _____

PERSON COMPILING THE REPORT

Name : _____

Job Title / Role : _____

Contact Details : _____