**Accident / Incident – Injury**

For use with [www.assessnet.co.uk](http://www.assessnet.co.uk/)

# About the Incident

|  |  |
| --- | --- |
| **Accident Centre** |  |
| **When the Incident occurred** | **/** | **/** | **:** | **(DD/MM/YYYY HH:MM)** |
| **What department is associated with the incident?** |  |
| **Where did the incident happen? (i.e. customer car park)** |  |

**About the person who was injured About the person filling in this form**

|  |  |
| --- | --- |
| **Name** |  |
| **Street** |  |
| **Town / City** |  |
| **County** |  |
| **Postcode** |  |
| **Occupation** |  |
| **Status** |  |
| **Gender** | **Male / Female** |
| **Age (Years)** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Street** |  |
| **Town / City** |  |
| **County** |  |
| **Postcode** |  |
| **Occupation** |  |

# About the Injury

Enter as much detail as possible

|  |  |
| --- | --- |
| **Injury Type** |  |
| **Apparent Cause** |  |
| **Part of body affected** |  |
| **Where did the injury happen?****Specify the room or place where the accident occurred** |  |

|  |  |
| --- | --- |
| **How did the injury happen? What injuries were sustained? Give the cause if you can. In the event of any personal Injury, please specify.** |  |
| **What materials were used during treatment / first aid?****E.g. bandages, plasters etc.** |  |
| **Follow up actions****Describe what has been done to prevent a recurrence** |  |

# Lost Time Analysis

|  |  |
| --- | --- |
| **Please state the number of days this person has been away from work or unable to do their normal job** | **Days** |
| **Includes day of incident (Mark Yes if the value above includes the day on which the Incident took place)** | **Yes / No** |