



Best Foot Forward Accident Report Form

Section 1	Person injured / ill / involved in the incident or near miss
Name: _____ Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address: _____ Tel: _____	
Status: Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Member of public <input type="checkbox"/> Visitor <input type="checkbox"/> Pupil <input type="checkbox"/>	
Job Title: _____	
Company: _____	

Section 2	Details of accident / incident / ill-health or near miss
Date of Incident: _____ Time of Incident: _____ am/pm Date of Report: _____	
Incident Type: _____ Violence <input type="checkbox"/> Accident <input type="checkbox"/>	
<input type="checkbox"/> Work related Ill-health <input type="checkbox"/> Near Miss <input type="checkbox"/> Location of Incident _____	
(Include Establishment name and Location on premises): _____	
Details of Incident or work-related ill-health (Include activity at time, full details of what happened and name of assailant if applicable)	

Were they undertaking their normal employment duties Yes <input type="checkbox"/> No <input type="checkbox"/> (if No state why)	

Section 3	Details of Injury (if applicable)	
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Description of injury
(Include part of body and nature of injury):

Treatment Given: _____ Name of First-Aider: _____

(Tick all appropriate boxes) Is the injured party expected to be absent from work for more than 7 days due to the incident ☐

Was the injured person: Able to continue work ☐ Sent home ☐ Sent to GP/Dentist ☐ Taken to Hospital ☐

Section 4	Details of Person Completing Section 1-3 of this Form		
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Name: _____ Job Title: _____
(Please Print)

Signature: _____ Date: _____

Signature of person involved in the accident / incident / ill health or near miss:

Where possible the signature of the person involved in the accident/incident should be obtained to confirm that they have read the completed section of this form and agree that the details above are correct.

Data Protection Act 2018

The information you have provided will be held by BEST FOOT FORWARD on computerised and manual files within the organisation. The information will be used for record purposes. The form will also be passed to the Health and Safety function in order that they can ensure the matter has been properly investigated and reported to enforcement agencies (if required). The data may be disclosed to other organisations, but only in order to ensure compliance with relevant legislation or to prevent fraud or a crime.

Section 5 Investigation

a) Causes

Was the scene of the incident visited? Yes ☐ No ☐ Have photographs been taken? Yes ☐
No ☐ (if Yes please attach)

Has any physical evidence been retained? Yes ☐ No ☐ Has the direct/indirect cause of the
incident been identified? Yes ☐ No ☐

(Please detail below the causes of the accident, incident or work-related ill-health and
any previous relevant incidents)

Continue on a separate sheet as required

b) Names & Status of Witnesses (if any):

(See guidance form for key process to be followed during the investigation. Please
attach any statements, addresses and other relevant information.)

1) _____ Employee ☐ Contractor ☐ Member of public ☐ Parent
☐ Pupil ☐

2) _____ Employee ☐ Contractor ☐ Member of public ☐ Parent
☐ Pupil ☐

3) _____ Employee ☐ Contractor ☐ Member of public ☐ Parent
☐ Pupil ☐

Section 5 Investigation Continued

c) Action taken to prevent recurrence/reduce risk

Action (Detail practical and managerial actions planned or taken)	Person Date	Target Responsible

Continue on a separate sheet as required.

Section 6 Signatures

Print Name:	Signature:	Date:
Person Investigating Incident		
Reviewed by (Review actions)		

It is the responsibility of the line manager to ensure the incident is fully investigated and details recorded on this form before it is submitted to the relevant H&S function.

THIS FORM ON COMPLETION SHOULD BE RETURNED TO THE RELEVANT HEALTH & SAFETY FUNCTION AS SOON AS POSSIBLE