

# P2 S11 Accident or Incident Report Form

Published on 28/02/2020 - Review on 28/02/2022

**This form is to be completed for ALL accidents**

All workplace accidents/injuries require that this Accident / Injury Report be completed by the injured person. If unable to do so, the person supervising the employee is to complete the accident report form. In all cases, the manager of the employee is required to complete Section III of the form, review the report for completeness and accuracy of those parts completed by the employee, and sign and forward the form to the Health and Safety Officer within 24 hours of the accident/injury occurring.

## SECTION I

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_      DATE OF BIRTH: \_\_/\_\_/\_\_

EMPLOYEE:                    \_\_\_ (tick as appropriate)

VISITOR:                    \_\_\_ (tick as appropriate)

## SECTION II ACCIDENT DETAILS

NATURE OF INCIDENT: \_\_\_\_\_

DATE OF ACCIDENT/INJURY: \_\_\_\_\_

TIME OF ACCIDENT/INJURY: \_\_\_\_\_

SPECIFIC LOCATION OF ACCIDENT: \_\_\_\_\_

(Specify exact location): \_\_\_\_\_

**Briefly explain what was going on and how the accident happened:**

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What action was taken: Check all actions taken. If more than one, indicate which occurred 1st, 2nd, etc.

\_\_\_ First Aid administered by: \_\_\_\_\_

\_\_\_ Sent to Physician (Name of Physician): \_\_\_\_\_

\_\_\_ Sent to Hospital (Name of Hospital): \_\_\_\_\_

\_\_\_ Sent Home: \_\_\_\_\_

\_\_\_ Continued Activity (no action taken): \_\_\_\_\_

Name of Witness (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Person Completing the Report: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

## SECTION III MANAGER'S REPORT ON THE ACCIDENT/INCIDENT

What action has been taken to prevent such an accident/incident from recurring? Include specific details on how the incident occurred, and how the incident can be avoided in the future.

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Manager's Account of Incident which supplements and/or clarifies information provided by injured party:

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Completed by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please return the completed form to the Health and Safety Officer.

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*Note: Please refer to the website of the Health and Safety Authority ([www.hsa.ie](http://www.hsa.ie)) for the most updated requirements for incident/accident report forms.*