



CYMDEITHAS GWENYNWYR CYMRU THE WELSH BEEKEEPERS' ASSOCIATION

Established/Sefydlwyd 1943 Registered Charity – No 509929

Member Association Name:

<input type="text"/>	Book Number	<input type="text"/>	Page Number	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date Completed	<input type="text"/>	Person Completed sheet handed to
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A SEPARATE SHEET SHOULD BE COMPLETED FOR EACH PERSON INVOLVED IN THE ACCIDENT
Once completed, the sheet should be removed and passed to the person or department on the front of this book for secure safekeeping. The employee who had the accident, may wish to make a copy of this form for their own records before handing it in.

ACCIDENT REPORT FORM

Details about the person who had the accident

Name:

Address:

..... Postcode:

Occupation:

Department:

Details about you, the person completing this record - Please complete if you are not the person who had the accident

Name:

Address:

..... Postcode:

Occupation:

Department:

About the accident - Please use the back of this form if you require more space

Time when the accident occurred: Date of accident: / /

Where the accident occurred - Please include department / room / area

How the accident took place - Include the cause if known

.....

Details of any injury suffered by the person involved

.....

Please tick if a risk assessment is required

The person involved in the accident should tick the box and sign and date below if they consent to their details on this form being disclosed and made available to safety representatives and representatives of employee safety when requested.

Signature

Date: / /

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

How was it reported:

Date reported: / / Print Name

Signature

This section should be signed by the data protection officer (DPO) or a relevant contact to acknowledge receipt of the record and that it has/will be stored as per GDPR documentation.

Signed

Dated