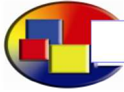

Ultra Clean – Health & Safety

ACCIDENT REPORT FORM

Contact the Safety Advisors by phone in the event of a serious accident.

Dept Ref:	Safety Advisor Ref:

THIS SIDE TO BE COMPLETED BY THE INJURED PERSON OR RESPONSIBLE PERSON ACTING ON THEIR BEHALF. PLEASE COMPLETE IN BLOCK CAPITALS

FORENAMES	SURNAME	AGE	GENDER Male ☐ Female ☐	PAY NO (Employees Only)

HOME ADDRESS POST CODE TEL NO	CATEGORY (Please tick) Ultraclean Emp ☐ Contractor ☐ Trainee ☐ Other ☐	Temp Staff ☐ Service User ☐ Work Exp ☐ Member of public ☐ Self Employed ☐

ULTRACLEAN EMPLOYEES ONLY			
DEPARTMENT		SECTION	ADDRESS/LOCATION OF THE ACCIDENT:
DEPOT/SITE	OCCUPATION	SUPERVISOR NAME	WHERE ON THE ADDRESS/LOCATION:

WHEN DID THE ACCIDENT OCCUR ? Date Time	WHAT WAS THE INJURY (eg Cut, Bruise, Sprain etc)	WHAT PART OF THE BODY WAS INJURED ? (Specify exact location e.g. left, right, upper or lower)

MEDICAL TREATMENT RECEIVED/ACTION TAKEN None ☐ Home ☐ First Aid ☐ Doctor ☐ Returned to work ☐ Hospital ☐	NAME OF WITNESS(ES) Attach Address of witness(es)

PLEASE DESCRIBE THE ACCIDENT (Use a separate sheet if necessary)

a) Events leading up to the accident
b) What job/activity undertaken
c) Why it happened
d) Environmental conditions
e) PPE equipment used
f) If a fall, state distance in m
g) Name of any substance, type of machinery/equipment involved, tools being used

WHO WAS ACCIDENT REPORTED TO:	ON WHAT DATE WAS ACCIDENT REPORTED:

I SUMBIT THESE DETAILS AS BEING A TRUE ACCOUNT OF THE ACCIDENT

Signed Date

WERE ANY OF THE FOLLOWING CONTRIBUTING FACTORS ? (Tick more than one box if necessary)

Unsafe methods of work	☐	Lack of employee training	☐	Housekeeping	☐
Lack of supervision	☐	Lack of employee information	☐	Not wearing appropriate PPE	☐
Condition of tools etc	☐	Environmental conditions	☐	Other	☐

WHAT ARE THE FINDINGS OF YOUR INVESTIGATION ?

Please describe contributing factors in detail and any disagreement you may have with anything stated by the injured party. (Use a separate sheet if necessary)

STATE THE ACTION TAKEN (OR PLANNED) TO PREVENT A RECURRENCE, AND BY WHOM

IS THERE A RISK ASSESSMENT FOR THIS ACTIVITY? Yes ☐ No ☐

ONLY COMPLETE THIS SECTION IF ACCIDENT IS REPORTABLE TO THE HSE

Please note: The Health & Safety Executive are **not** the Safety Advisors.

a) Has the HSE been notified by phone ? (What date ?)

b) Who at the HSE was notified ?

c) Has the RIDDOR F2508 report form been sent to HSE ? (What date ?)

d) Name of Union Safety Representative informed ? (if applicable)

FULL NAME	SIGNATURE	DEPARTMENT	SITE
JOB TITLE	PHONE NO	DATE FORM RECEIVED	TODAYS DATE

Copy the completed form twice (and RIDDOR form where applicable)

1. Promptly send the original to the Safety Advisor, ULTRACLEAN.
2. Retain one copy at the establishment/site.
3. Send the second copy to your Area Manager (if applicable).

Safety Advisor Only

Comments:

Date ceased work: ....

Date returned: ....

Wkg Days lost: ....

Revised December 2006