

Marisco South Ltd

Accident at Work Report

This report should be completed for all injuries sustained by any person that occur at work and either given to a director or emailed to accounts@mariscosouth.com as soon as possible on the same day as the accident.

Date Reported	
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Injured Party

First Name(s)		Home Address:
Last name		
<i>Please tick:</i> Employee <input type="checkbox"/> Member of the Public <input type="checkbox"/>		
Subcontractor <input type="checkbox"/> Client's staff member <input type="checkbox"/>		
		Post code:

Person making the report (if you are not the injured party)

First Name(s)		Home Address
Last name		
<i>Please tick:</i> Employee <input type="checkbox"/>		
Subcontractor <input type="checkbox"/>		
		Post code:

Accident details

Date of Accident		Time of Accident	
Location of Accident			
Nature of injury			
Was First Aid given on site?	<small>Y/N</small>	Please identify the First Aider	
Was an ambulance called?	<small>Y/N</small>	Did the casualty go to Hospital?	<small>Y/N</small>
Did the casualty go to A&E?	<small>Y/N</small>	Was the casualty admitted to Hospital?	<small>Y/N</small>
Describe what happened			
Cause of Accident			

Employer Use Only

Complete this section if the Accident is reportable under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*. See our website for guidance on responsibilities and the employer's reporting obligations.

How was it reported?			
Date reported to HSE		By Whom	
Accident book updated	<small>Y/N</small>	Folio Ref	By Whom
Further Action required			
Closure of Incident	By signing, you confirm all reporting obligations have been considered and met:		
Signature		Print name	
		Position	