



## ACCIDENT/INCIDENT REPORT

**Accident/Incident Report No. ....**

*Please Tick as Appropriate (4)*

*For Office Use Only*

Personal Injury	Third Party	Near Miss	Other:
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Note: All accidents and incidents must be reported to the Client within 4 working days or to Network Rail within 5 working days for inclusion in the SMIS database

<b>Contract Title:</b> .....		<b>Contract No.:</b> .....	
.....		<b>Date:</b> ..... <b>Time:</b> ..... am/pm	
<b>Location</b> (Diagram attached YES/NO) .....		<b>Weather Conditions:</b> .....	
<b>Personnel Involved</b>		<b>Nature of Involvement</b> (i.e. Injured Party/Witness)	
Name	Job Title	Employer	
<b>Cause of Accident/Incident and Circumstances:</b>  			
<b>Method Statement Applicable: YES/NO. If YES, Evidence of Briefing and Signing: YES/NO</b> <b>Evidence of Working in Accordance with Method Statement: YES/NO</b> <b>Comments:</b>			
<b>Action Taken:</b>  <b>Was First Aid Administered YES/NO. If YES, By Whom ..... To Whom .....</b> <b>Did Accident Result in Hospital Visit/Stay YES/NO. If YES, which Hospital .....</b> <b>Were ORR Notified: YES/NO. If YES, By Who .....</b> <b>Did ORR Visit Site: YES/NO. If YES, Date: .....</b> <b>Was Rail Manager Notified YES/NO. If YES, Date: .....</b> <b>Report Produced YES/NO. If YES, Date: .....</b> <b>Was Rail Administrator Notified YES/NO. If YES, Date: .....</b>  <b>Were Emergency Services Notified YES/NO. If YES, State Which: .....</b>			
<b>Subsequent Action to Prevent Recurrence: Training/Competency/Working Practices/Tool BoxTalks/ Other, State: .....</b> <b>Comments:</b>			
<b>Report Completed by:</b>  ..... (Signature) <b>Print Name:</b> ..... <b>Job Title:</b> .....			
<b>Return Completed Form to Rail Administrator</b>			