

Directorate		Division	
Establishment/Base (e.g. School, ATC, Depot)			
Injured person Surname		Address of injured person (or address of employer if contractor)	
Forename(s)		Post code	Tel no.
Sex: M/F	Age:		
Date of accident	Time of accident	Date reported	Time reported
To whom was the accident reported?		Occupation of injured person	Payroll no
Precise nature of injury and part of body injured (where applicable state left or right)			
Where did the accident occur?	Is the accident reportable to the HSE? <b>Yes/No</b> If <b>Yes</b> the person making the call to the Call Centre should enter the reference number here: <input type="text"/>		Was first aid given? <b>Yes/No</b> If <b>Yes</b> provide details in the box below
Briefly describe the circumstances of the accident, including the cause of the injury. Please attach a sketch, if appropriate. Please give details of any first aid rendered. If the injured person has been hospitalised, say where and when.			
Does this accident warrant a review of the establishment's risk assessments? <b>Yes/No</b>			
Action taken to prevent a recurrence of accident. Please attach an accident investigation report where appropriate			
Name and address of witness			
Is the injured person absent from work? <b>Yes/No</b> Date of ceasing work: ...../...../..... Time of ceasing work:..... (employees only)			
If <b>No</b> , is absence anticipated? <b>Yes/No</b>			
Normal working hours on day of accident:		Was the person doing something authorised or permitted for the purpose of his/her work? <b>Yes/No</b>	
From: ..... To:.....			
Date	Signature of employee (if employee or contractor accident)	Counter signature of Chief Officer of Directorate or authorised officer	
Date	Signature of supervisor		
<b>FOR COUNTY HALL OFFICE USE ONLY:</b>			
Actual date of return to work: ...../...../.....		Total lost days: .....	Ref. No:.....