



Accident Form

ChilledWeb Limited

| | | | |
|------------------------|-----------------|-------------|--------|
| Doc Name: | Accident Form | Policy Ref: | CWAAWF |
| Date of Last Revision: | 14 January 2026 | Version No: | 1.2 |

Overview

If an accident or incident takes place, it must be recorded.

This accident form includes all the information you need to include and keep for future accident reviews and preventions. You can complete this template online, or print it off to do by hand if you wish.

You may find that some sections of this form are not applicable, in which case you can just enter N/A instead.

Once completed, please forward the completed form to one of the Company Directors; they will then schedule a meeting with you to discuss any actions that need to be tracked/followed up.

| Person Affected by the Accident | |
|---------------------------------|--|
| Full Name: | |
| Date of Birth: | |
| Position/ Role: | |
| Contact Number: | |
| Address: | |

| Accident Details | |
|------------------------|-------------------|
| Date of Accident: | Time of Accident: |
| Location of Accident: | |
| Describe the Accident: | |
| | |

| Witness Details | |
|-----------------|--|
| Name: | |
| Address: | |
| Name: | |
| Address: | |
| Name: | |
| Address: | |

| Injury and Treatment Details | | | |
|---|--|---|--|
| Description of injuries sustained: | | | |
| | | | |
| Was any first aid administered? | | If Yes - What treatment was received and who administered it? | |
| Did the casualty have to go to hospital immediately? | | If Yes - What treatment did they receive? | |
| Did the casualty have to go to their GP or hospital as a follow up? | | If applicable, how long did the casualty have to spend in hospital? | |
| Does the accident need reporting under RIDDOR? | | Any further action required? | |

| | |
|--|--|
| Sign-off | |
| Name of casualty: | |
| Name of person completing the accident form: | |
| Signature: | |