

ACCIDENT INVESTIGATION RECORD

ABOUT THE ACCIDENT

Name of the injured person

Job title of injured person

Address of injured person
(including postcode)

Date of the accident

Time of the accident

Time accident was reported

Was the injured person
authorised to be
undertaking the activity?

Yes

No

Details of the accident

Please ensure that all sections are completed



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ABOUT THE ACCIDENT

Was the injured person properly trained to carry out the work?

Yes

No

Do Safe Systems of Work exist covering the accident?

Yes

No

If yes, was the injured person trained in the Safe Systems of Work?

Yes

No

Were there any witnesses to the accident?

Yes

No

Was the injured person able to continue normal working activities?

Yes

No

Outline the controls that were in place at the time of the accident?
(PPE, guards, Safe Systems of Work, training, signage, barriers etc.)

Please ensure that all sections are completed



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ABOUT THE ACCIDENT

Were all the required controls working effectively at the time of the accident?

Yes

No

If no, describe why they were not effective at the time of the accident

What were the causes of the accident?

- | | | |
|--|--|---|
| <input type="checkbox"/> Serious emergency | <input type="checkbox"/> Cold | <input type="checkbox"/> Rushing |
| <input type="checkbox"/> Insufficient space | <input type="checkbox"/> Fumes | <input type="checkbox"/> Wrong tools |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Steam | <input type="checkbox"/> Incorrect use of tools |
| <input type="checkbox"/> Poor lighting | <input type="checkbox"/> Slippery areas | <input type="checkbox"/> Poor house keeping |
| <input type="checkbox"/> Condition of tools | <input type="checkbox"/> Excessive heat | <input type="checkbox"/> Using too much force |
| <input type="checkbox"/> Incorrect lifting | <input type="checkbox"/> Over-reaching | <input type="checkbox"/> Method of work incorrect |
| <input type="checkbox"/> Defective footwear | <input type="checkbox"/> Horse play | <input type="checkbox"/> Lack of training |
| <input type="checkbox"/> Lack of supervision | <input type="checkbox"/> Instructions not followed | <input type="checkbox"/> Safe systems of work ignored |

Other (please list)



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TREATMENT DETAILS

Details of the injury

Part of the body injured

Treatment given at the time of the accident

Name of person providing treatment

Was the injured person

Sent back to work

Sent home

Sent to hospital

Details of hospital or medical centre that injured person was sent to

Does the accident need to be reported under RIDDOR 2013 reporting requirements?

Yes

No

Date reported to HSE under the RIDDOR reporting requirements

Please ensure that all sections are completed



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WITNESS DETAILS (COMPLETE THIS FORM FOR EACH WITNESS)

Name of witness

Job title of witness

Statement of witness

Date statement was taken

Signature of witness

Please ensure that all sections are completed



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POST-ACCIDENT: MANAGEMENT ACTION PLAN

Manager's name

Manager's action plan

Outline any actions taken as a result of the investigation (risk assessment review, changes to the task, training, issue of PPE, new risk controls etc.)

Date action plan was completed

Signature of Manager

Please ensure that all sections are completed



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