



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

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