



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			