

# Company Record / Report of Employee Accident / Near Miss / Dangerous Occurrence / Incident:

Issue 02 Please refer to the J & E Hall Limited Personal Accident Reporting Procedure prior to completing this form 11/22

## Details of Person Completing AC1 Form: (Injured persons line manager or nominated person)

Name:	Occupation:	Department No:
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### Complete sections 1-4 in Discussion with Injured Person

Delete as Appropriate:	Accident	Near Miss	Dangerous Occurrence	Incident
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#### SECTION 1 - Details of Person:

Name:	Occupation:	Birth date:
Department No:	Employee Status:	Employee Clock No:
Home Address:	Tel:	

#### SECTION 2 - Details of the Accident / Near Miss / Dangerous Occurrence / Incident:

Date:	Time:	Time Started Work:	Time Finished Work:
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State full postal address including post code and telephone number and dept/area where incident occurred

#### How did the, Accident / Near Miss / Dangerous Occurrence / Incident Occur?

Give as much detail as possible, e.g. weather condition, equipment involved, lighting, moving machinery

Continue on separate sheet if necessary

#### SECTION 3 - Details of Injury Sustained: Nature / part of body, whether became unconscious, required resuscitation etc.

Continue on separate sheet if necessary

Witness to Accident: Name / Address	Witness to Accident: Name / Address
Witness statements are taken and recorded on form?:	
Did the Injury Require a Doctor / Hospital Attention:	Yes I No
Was injured Person Admitted?	Yes No
Doc / Hosp Name:	Is the injured person still there? Yes No
	If No, what was the duration?

#### SECTION 4 - Managers Report: (State cause of accident and actions taken to prevent re-occurrence):

Was the Employee Authorised to carryout the work undertaken? Yes No Continue on separate sheet if necessary

Personal Protective Equipment Requirements for the operation: (Identify)

Were these adhered to? Yes No

Local Office Accident Book completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Line manager or nominated person to enter details into Engage EHS and complete all documents, within 24 hours**

#### SECTION 5 - Review by HSQE Function:

Is this a Reportable Accident (over 7 days absence): Yes No JEH-AC1-03 Accident Reporting Form

Signed: Line Manager:

Signed: Injured Person:

