



ACCIDENT/INCIDENT REPORT

Accident/Incident Report No.

Please Tick as Appropriate ☐

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 Box Talks/ Other, State: Comments:				
Report Completed by: (Signature) Print Name: Job Title:				
Return Completed Form to Rail Administrator				