

AR1



Performance Through People

ACCIDENT/INCIDENT REPORT FORM

AR1

PART 1: To be completed by the Learner's immediate Line Manager or Health and Safety Representative, as soon as possible after an accident/incident has occurred. The Company's own documentation can be attached where preferred, if all the required information is present. Part 1 must be scanned and emailed immediately to PTP.

Section 1: Company Information

Company Name:	Company Address:
Contact Tel No:	

Section 2: Details of Accident/Incident

Learner Name:	Male / Female	Date of Birth: ____/____/____
Job Title:	Supervisor Name:	
Date of accident/incident: ____/____/____	Time of accident/incident: _____ AM / PM	

Where did the accident/incident happen (name the department, working area or location)?

Were there any witnesses? YES NO

If YES, please list their name(s) below:

Describe what happened (include diagrams if preferred, and continue on another sheet if required):

Was first aid treatment administered to the Learner?

YES, record what first aid was given _____

NO, reason _____

After the accident/incident the Learner returned to their job was sent home attended hospital

Section 3: Details of Injury (complete this section where injury occurred)

Accident recorded in Accident Book YES date entered ____/____/____

Details of injury(ies) known at this stage:

Did the accident involve machinery? YES NO

If YES,

Was the operator authorised to use the machinery? YES NO

Was the operator trained to use the machinery? YES NO

Name the machinery and part involved _____

Was the machinery in motion at the time of the accident? YES NO

Was the Learner correctly wearing the appropriate Personal Protective Equipment?

YES, state what PPE was being worn _____

NO, reason _____

Signed: _____ **Print Name:** _____

Position: _____ **Date:** _____ **Email:** _____

NOW SCAN AND EMAIL TO: BST.walsall@ptp-training.co.uk

PART 2: Company Investigation and Recommendations (the Company's own documentation can be attached where preferred, if all the required information is present).

Section 4: Supervisor Comments

Is the Learner/has the Learner been absent from work as a result of the accident? YES NO

If YES,

Absent from (1st full day's absence): ___/___/___ Returned to work on: ___/___/___ OR Not yet returned

Was the Learner hospitalised? YES NO

Comments/information regarding the accident/incident:

(ensure any further absences occurring as a result of the accident/incident are forwarded to PTP)

Signed: _____ Print Name: _____ Date: _____

Section 5: Investigation

Name of Investigating Officer:

Comments:

Remedial action required YES NO

If YES, record the action below:

Is RIDDOR action required? YES NO If YES, attach a copy of documentation completed

Signed: _____ Print Name: _____ Date: _____

Section 6: Company Manager's Review and Comments

Please tick to confirm the Learner has been made aware of, and understands, any remedial action agreed

Signed: _____ Print Name: _____ Date: _____

Please hand the **original** form to the Learner's Training Adviser or post to:
Business Support Team, Performance Through People, Intown, Walsall, WS1 1SQ

For PTP Use:

Notified: T/A School if 14-19 Programme Leader Performance Manager Funding Body if applicable

PTP's Safety Officer's Comments:

Please tick when a satisfactory conclusion has been reached Signed: _____