



Report of an injury

Note: this is a preview of your form and does NOT represent the submitted details of your notification, which will include the Notification number for reference

About you and your organisation

Notifier name			
Job title			
Organisation name			
Address			
Phone no		Fax Number	
Email Address			

Where did the incident happen

About the incident

Incident Date		Incident Time	
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
, ,			
In which department or where on the premises did the incident happen?			
What type of work was being carried out (generally the main business activity of the site)?			
- -			

About the kind of accident

Kind of accident	
Work process involved	
Main factor involved	
What happened	

About the injured person

Injured persons name			
Injured persons address			
Phone no		What was their occupation or job title?	
Gender		Age	
Work Status			

About the injured person's injuries

Severity of the injury			
Injuries		Part of the body affected	