WOW Media UK Ltd - Accident Report Form
Accident Record No.

Injured Party

Full Name:		Home Address:
Employee ID:		
Job Title/Position:		
Department:		

Recording Party (If you did not have the accident please complete.)

Full Name:		Home Address:
Employee ID:		
Job Title/Position:		
Department:		

Accident Details

Date of Accident:		Time of Accident:	
Location of Accident:			
Describe what happened:			
Nature of Injury:			
Cause of Accident:			

Print Name: Signature: Date:	

Employer Use Only

Complete this box if the Accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).			
How was it reported?			
Date Reported:		Full Name:	
Position/Job Title:		Signature:	

Has an Internal Accident Investigation Report been completed?	☐Yes ☐No	If **Yes**, provide No:	