**Accident/Near Miss Report Form**

Please sign and date this form before emailing/posting to Litter Free Dorset (address at bottom of the sheet). You may take a copy for your own records.

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| --- | --- | --- | --- |
| **Details of the person involved in the accident / near miss** | | | |
| Name |  | | |
| Address | | | |
| Tel No. |  | | |
| **Details about the person filling in this report form (this should be the First Aider or Gro)** | | | |
| Name |  | | |
| Address | | | |
| Tel No. |  | | |
| **Description of incident (if necessary please complete on a separate sheet of paper)** | | | |
| Give date and time when accident/near miss occurred | | Date: | Time: |
| Place where accident/near miss occurred | |  | |
| Give details of how the accident occurred, with cause if known | |  | |
| Give details of any injury suffered by the person involved | |  | |
| Give suggestions of how incident might be avoided in the future. | |  | |
| Date: | | Name: | Signature: |
| **To be completed by Litter Free Dorset – Land, Coast and Sea** | | | |
| After ascertaining the facts HR will decide as to whether a further risk assessment is necessary and or whether the accident should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)  How was the report notified to the Health and Safety Executive: | | | |
| Date: | | Name: | Signature: |

Please send the completed form to following address:

Litter Free Dorset, Dorset Council, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Or [litterfreedorset@dorsetcouncil.gov.uk](mailto:litterfreedorset@dorsetcouncil.gov.uk)