

Location / Book No.

ACCIDENT BOOK

Keep this book where people can easily get to it.
Do not dispose of the cover after use.



Making Sense of Safety & Health at Work

www.jsc.je

Although not a legal requirement in Jersey, the keeping of accurate accident records is important and strongly recommended.

Accidents

All employees must report all accidents which occur whilst at work even if the injury is of a minor nature and does not require hospital treatment. This is essential as even minor injuries can become infected or lead to further complications.

The information will assist the investigator to eliminate or reduce further occurrences. The accident record book will also identify any particular areas where there have been a number of similar accidents. If this is the case then it may be possible to look at the system of work, the equipment used etc. which may help reduce further accidents.

Dangerous Occurrences

Incidents which could have resulted in injury are termed 'dangerous occurrences'. This includes damage or failure of plant and equipment as well as other incidents.

It is very important that these incidents are also reported so that potential hazards can be evaluated.

Further Information

Further information and advice on safety matters is available from:

The Health and Safety at Work Inspectorate

Tel: 01534 447300

Email: hsi@gov.je

Website: www.gov.je/hsi

Education and Training

Education and training can help prevent accidents in the workplace.

The Jersey Council for Safety and Health at Work can assist with courses.

For further information please contact the secretary:

Email: admin@jsc.je

Website: www.jsc.je



ACCIDENT RECORD

1 About the person who had the accident

Name

Address

Postcode

Occupation

2 About you, the person filling in this record

▼ If you did not have the accident write your address and occupation.

Name

Address

Postcode

Occupation

3 About the accident Continue on the back of this form if you need to

▼ Say when it happened. Date / / Time

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▼ Say where it happened. State which room or place.

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▼ Say how the accident happened. Give the cause if you can.

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▼ If the person who had the accident suffered an injury, say what it was.

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▼ Please sign the record and date it.

Signature Date / /

4 Action taken as a result

▼ State what action has been taken as a result of this accident occurring.

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NOTIFICATION OF A DANGEROUS OCCURRENCE

▼ Fill in this part only if a dangerous occurrence took place that did not result in an accident.

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Signature Date / /