

## Accident Report Form

About the person who had the accident

Name	
Address	
Postcode	
Occupation	
Telephone number	
Email address	

About the person filling in this form

Name	
Address	
Postcode	
Occupation	
Telephone number	
Email address	

## About the accident

Date of accident	
Time	
Location	
What happened	
Were any injuries caused	
Action taken	

For the employee or volunteer

I confirm that to the best of my knowledge the information provided is correct, and that I will be willing to answer questions should they arise.

By ticking this box I give my consent to the Breastfeeding Network to disclose my personal information and details about the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.

Signature	
Print name	
Date	

Please report accidents via the BfN Admin line on telephone: 0844 412 0995 and send completed forms to: [admin@breastfeedingnetwork.org.uk](mailto:admin@breastfeedingnetwork.org.uk)

## For Office Use Only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). To report call the ICC on 0845 300 9923. See <http://www.hse.gov.uk/riddor/>

How was the accident reported	
Signature	
Print Name	
Date reported	