

Accident Report Form

All incidents or injuries, whether minor or serious, the Branch must be reported to Butterfly Conservation Head Office immediately. Details of the incident or injury may have to be reported to the Health and Safety Executive (HSE).

* Required

1. Name *

Enter your answer

2. Type of Accident *

- Fatality
- Major Injury
- Minor Injury
- Illness/Disease
- Near Miss
- Property Damage

3. Date *

Please input date (dd/MM/yyyy)



4. Time

Enter your answer

5. Location of Accident

Enter your answer

6. Actual Whereabouts at time of Accident

Enter your answer

7. Injured Person

Enter your answer

8. Sex

- Male
- Female
- Other

9. Age

Enter your answer

10. Part of the Body affected

Enter your answer

11. Address *

Enter your answer

12. Person is considered as *

- A volunteer at BC
- An Employee of BC
- A Contractor working on behalf of BC
- A member of the public

13. Nature of the Injury or Illness *

Enter your answer

14. Treatment Provided *

Enter your answer

15. Accident Description *

What immediate measures were taken to prevent the incident happening again?

Enter your answer

16. Details of Any Remedial Action Taken *

Enter your answer

17. Name(s) and Address(es) of Witnesses(es), If Any

Enter your answer

18. Name of Person Compiling Report *

Enter your answer

19. Contact Phone Number *

Enter your answer

20. Date Completed *

Please input date (dd/MM/yyyy)



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