

ACCIDENT & NEAR MISS REPORT FORM (Rev May 2025)

Report FoHMP / Num	ber
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1. About the person who had the accident or person reporting near miss

Friends of H Representa	leadstone Mano tive	r Park			
Name:			Occup	oation/Status:	
Address:					
Postcode:					
Telephone / Mobile No.		Email:			

2. About the incident continue on the back of this form if necessary

occurrence: Nature of incident (Accident or Near Miss) Location of incident: Summary of incident Describe what happened or what was observed. Indicate what task was being carried out at the time and include details of any witnesses involved and any control measures (e.g., PPE) that were in place at the time. Continue on Pag 2.	te of		Time of	
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	cident wh det (e.	what task was bein details of any with (e.g., PPE) that we	ng carried out at the esses involved and a	time and include any control measures
Root Cause:	ot Cause:			
Nature of injury (if any):		(if		

3. Declaration

I confirm that the above information is correct to the best of my knowledge.

Friends of Headstone Manor Park representative making report:		
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Signature:	Date	2:
	-	•
Name of person that had the		
accident:		
Signature:	Date	2: