

## Lantra Accident / Incident Report Form

All accidents/incidents must be reported to Lantra within 3 days whether they result in personal injury or not.

<b>Title of Training Course/Qualification</b>		<b>Order Number (if applicable)</b>	
<b>Date of Training Course/Qualification</b>		<b>Location of Training Course/Qualification</b>	
<b>Time (24H) &amp; Date of Accident/Incident</b>		<b>Location of Accident /Incident</b>	
<b>Instructor/Assessor</b>		<b>Provider</b>	
Name: Address:  Telephone Number: Email:		Name: Address:  Telephone Number: Email:	
<b>Injured Person</b>		<b>Employer</b>	
Name: Address:  Telephone Number: Email: Signature: ..... Date: ...../...../.....		Name: Address:  Telephone Number: Email:	
<b>About the Accident/Incident</b> (Describe the events, detailing the type, make/model of any machinery/equipment used, please continue on another sheet if necessary)			
<b>Injuries/Damages – Details of injury/damage – please tick:</b>			
No Injury	<input type="checkbox"/>	Person	<input type="checkbox"/>
Property	<input type="checkbox"/>	Equipment	<input type="checkbox"/>
<b>Nature of injury/damage and what action was taken?</b>			
<b>Was any treatment given at the scene (if so, by whom and what materials were used in treatment)?</b>			
<b>If hospital treatment was needed, which hospital did the injured person go to and how did they get there?</b>			
<b>Please complete name, sign and date (the person completing the form)</b>			
Name: <span style="border-bottom: 1px solid black; display: inline-block; width: 600px;"></span>			
Signature: <span style="border-bottom: 1px solid black; display: inline-block; width: 350px;"></span>		Date: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	

Copy to: Person(s) involved in accident/incident and employer please return within 3 days of the accident / incident to: Health & Safety, Lantra, Lantra House, Stoneleigh Park, Coventry, Warwickshire CV8 2LG. (NB: Form can be sent via email to [regulatorycompliance@lantra.co.uk](mailto:regulatorycompliance@lantra.co.uk))

## Accident / Incident Witness Statement

This part of the form only needs to be completed if you need to compile a statement from a witness in relation to the accident or incident reported on the previous page.

Name of Injured Person (if applicable)	Training Course/Qualification	
Date of Accident/Incident	Location of Accident/Incident	
Witness Account of the Accident/Incident		
I hereby declare that the above is a true and accurate accounts of events:		
Witness Name	Witness Signature	Date
Witness Contact Details		
Address:	Telephone Number:	
	Email Address:	
Postcode:		