

ACCIDENT REPORTING – MOD FORM 492

ANNEX M To
Chapter 5 To
ACP 5

NB: Seek HS&E Advisers advice before reporting a RIDDOR

Part 1 DETAILS OF AFFECTED PERSON				
First Names(s):		Surname:		
Unit – unit title, eg Sqn, DF, Wg or RHQ as applicable				
Service/Staff No (if applicable)		Age		DOB
				M/F

Part 2 ACCIDENT DETAILS				
Date of Accident (DD/MM/YYYY)		Time of Accident (24hr) :		
Number(s) Injured		Number of Witnesses (Statements Attached)		
Intention to claim ATC insurance Y/N		Risk Assessment Attached		
Place				
Details/Nature of Activity – describe the activity being undertaken at the time of the accident (eg Adv Trg, Football)				

Part 3 DESCRIPTION OF INJURY/ILL HEALTH (within the bounds of medical confidentiality) – Include hospital details as appropriate	
Continued on separate sheet (√ box) <input type="checkbox"/>	

Part 4 TYPE OF ACCIDENT – tick applicable box(es)			
Injury		RIDDOR Report	
ill Health		Near Miss	
<ul style="list-style-type: none"> - Attach all applicable Risk Assessments. - Seek HS&E Advisers Assistance where required. - RIDDOR reporting to be completed by Wg HQ as appropriate (contact HS&E Adviser) 			

Part 5 SUMMARY – to contain key information that will allow the accident to be identified readily, any relationship with a previous Accident should also be recorded. Include height or distance of fall, plus any supporting photographs or sketches.	
Continued on separate sheet (√ box) <input type="checkbox"/>	

Part 6

CAUSE – Identify the primary cause, ie he/she fell, and/or contributing factors of the accident. HS&E Adviser will assist where required.

Continued on separate sheet (✓ box)

Part 7

REMEDIAL ACTION(s) – Identify measures necessary to avoid a recurrence (eg additional training, supervision, discipline, equipment or policy changes – give as much detail as possible).

N.B. the current Risk Assessment must be reviewed to identify any additional control measures required and attached to this report.

Continued on separate sheet (✓ box)

Part 8 CERTIFICATION BY OFFICER COMMANDING

Service/Staff No

Rank

Surname:

First Name(s):

Unit and correspondence address:

Telephone:

Email:

Signature

Date

NOTES

1. The HS&E Branch is available to provide advice and guidance. However, accurate advice can only be given when the sponsor has provided the complete facts as early as reasonably possible.
2. Before submitting this form, check:
 - a. It is an accident and not a case of a general feeling of being unwell or the result of an existing medical condition (ie asthma, diabetes or epilepsy).
 - b. It is an ACO accident, eg an RAF Station, MOD establishment, Training Provider, will implement their own system – see ACP 5.
 - c. Copies of appropriate RA(s) and witness statement(s) have been attached.
 - d. Where appropriate a RIDDOR report has been raised by Wg HQ – attach a copy to this form.
 - e. The latest version of the MOD Form 492 is being used in accordance with ACP 5.
 - f. Ensure all documentation is complete prior to sending.