

ACCIDENT REPORTS

The original Accident Book is on display in the Museum.
Reproduced and encapsulated pages are available for close study.

This resource is linked to [Working Conditions Worksheet 2](#) (working2.pdf)

RICHARD GARRETT & SONS, LIMITED, LEISTON WORKS

REPORT OF ACCIDENT

Tally no. 825 Name Baker
Date and Time of Accident 10.5 A.M. 28/8/13
Nature of Injury Crushed Foot
How Caused T295 gear fell over
Occupation at time of Accident Bolting T295 gear
State if caused by Machinery in Motion No
Date 28/8/13 Foreman's Signature J.R. Thorpe

This Report must be sent to Office immediately after Accident occurs.

RICHARD GARRETT & SONS, LIMITED, LEISTON WORKS

REPORT OF ACCIDENT

Tally no. T23 Name Cobban
Date and Time of Accident 9.30 A.M. 12/12/13
Nature of Injury Cut right eye
How Caused Hit by a chip from shaping machine
Occupation at time of Accident Shaping arm for mandrel press
State if caused by Machinery in Motion Yes
Date 12/12/13 Foreman's Signature J. S. Smith

This Report must be sent to Office immediately after Accident occurs.

Imagine that you worked at the Leiston Works and fill in your own accident report using the blank form below which you can print off. Think carefully about the machinery used in the factory. What job were you doing? How was the accident caused? Remember, your sick pay won't support you for long!

RICHARD GARRETT & SONS, LIMITED, LEISTON WORKS

REPORT OF ACCIDENT

Tally no. _____ Name _____

Date and Time of Accident _____

Nature of Injury _____

How Caused _____

Occupation at time of Accident _____

State if caused by Machinery in Motion _____

Date _____ Foreman's Signature _____

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