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| **Nature of the incident** |
| Type of Event |  Injury |  Violence or Verbal Abuse | Ill Health | Near Miss |
| Harm or potential for harm |  Fatal or major  | Serious  |  Minor | Damage to property only | No Injury |
| **Status of injured person** |
| EmployeePupil / StudentTrade Union Member (which union)Agency StaffContractorMember of the PublicOther (Visitors) | First Name |  |
| Surname |  |
| Work Location/School |  |
| Directorate |  |
| Home address |  | Contact Number |  |
| Work Phone Number |  |
| Sex | MaleFemale | Home Phone Number |  |
| Email Address |  |

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| **Details of Accident/Incident** |
| Incident Location |  | Person Accident Reported To |  |
| Incident Date |  | Date Reported |  |
| Incident Time |  | Time Reported |  |

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| **What Happened** |
| Chemical SpillageContact with MachineryContact with ElectricityDrowned or AsphyxiatedElectricity / Electrical dischargeExposed to fire Exposure to explosionExposed to harmful substanceFell from height\*Injured by an animalHit something fixed or stationeryLifting and Handling injuriesManual handling | Moving / falling objectMoving vehicleMachineryPhysical AssaultStruck by ObjectStruck by moving vehicle Slip, trip, fallTrapped by something fallingVerbal AbuseWeatherAnother kind of incident\* |
| Work process involved in the incident\* | Injury Details | Site of Injury |
| Production, manufacturing, or processingStoring / warehousingConstruction - new buildingConstruction - civic engineering, infrastructures, roads, bridges, portsConstruction - remodelling, repairing; extending; building maintenance; demolitionAgricultural work; forestry; horticulture; fishing; work with animalsCleaning - industrial or manualWaste management; disposal; treatment. Monitoring / InspectionsService or assistance to the publicTeaching; training; office workCommercial activity - buying; selling and associated servicesMaintenance; repairMovement; including aboard transportSport or artistic activityOther process not listed\* | Burn / ScaldBruise/ SwellingConcussionCut / ScratchDiseaseDislocationFractureIrritationInternal InjuryLoss of Limb Loss of SightNo injuryPartial loss of sightPool rescuePuncture WoundPoisoning / GassingShockStrain / SprainOther\* | AnkleArmBackEyeFaceFingerGroinHandHeadKneeLegNeckShoulderWristsOther\* |
| Main Factor involved in the Incident | Electrical problem, explosion, or fireOverflow; leak; vaporisation or emission of liquid; solid or gaseous productBreakage; bursting or collapse transport or equipmentSlip: stumble or fallWalking on a sharp objectKneeling; sitting or leaning on an objectBeing caught or carried away by something (or by momentum)Lifting; carrying; standing upPushing; PullingPutting down; bending downTwisting turningShock; fright; violence; aggressionOther cause not listed above\* |
| Brief Description\*Please provide further relevant information. For instance: further details about the operation or activity in progress, the environmental conditions, the name of any substances involved, the name and type of any machinery involved, the events that led to the incident, the part played by any people, action taken (if any) to prevent similar incidents occurring |
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| Witness Details Witness 1 |
| Name |  | Witness Statement |
| Address or Work Location |  |  |
| Postcode |  |
| Contact Number |  |

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| Witness Details Witness 2 |
| Name |  | Witness Statement |
| Address or Work Location |  |  |
| Postcode |  |
| Contact Number |  |

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| Witness Details Witness 3 |
| Name |  | Witness Statement |
| Address or Work Location |  |  |
| Postcode |  |
| Contact Number |  |

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| **Person Making Report** |
| Full Name |  |
| Designation / Occupation / Job Title |  |
| Work Location |  |
| Postcode |  |
| Work Phone Number |  |
| Comments |  |

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| **Contributing factors / Initial Investigation** |
| In your opinion, why did this accident / incident happen |  |
| Action as Result of Occurrence (immediate action taken | First Aid GivenAmbulance Called |
| Status of Accident / Incident | No work time lostOver 7 days absence from work |
| Return to Work Dare |  |
| Line Manager |  |
| Line Manager Comments |  |
| Approval Manager |  |

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| Completed forms must be sent to: (no later than three days after the incident) |
| Corporate Health and Safety Team | Line Manager | Insurance Section | Human Resources (*Only if the person is an employee)* | Trade Union Safety Rep of the injured person (*if the injured party is a union member and agrees to the information being shared with the union representative & the Employee-side H&S Officer.)* |

In order that your accident / Incident / Near Miss can be investigated by the Trade Unions please tick the box to consent that this form can be shared with the TU Employee-Side H&S Officer.