|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | |
| Employee  Pupil / Student  Trade Union Member (which union)  Agency Staff  Contractor  Member of the Public  Other (Visitors) | | First Name | |  | | |
| Surname | |  | | |
| Work Location/School | |  | | |
| Directorate | |  | | |
| Home address |  | Contact Number | |  | | |
| Work Phone Number | |  | | |
| Sex | Male  Female | 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 Spillage  Contact with Machinery  Contact with Electricity  Drowned or Asphyxiated  Electricity / Electrical discharge  Exposed to fire  Exposure to explosion  Exposed to harmful substance  Fell from height\*  Injured by an animal  Hit something fixed or stationery  Lifting and Handling injuries  Manual handling | | | Moving / falling object  Moving vehicle  Machinery  Physical Assault  Struck by Object  Struck by moving vehicle  Slip, trip, fall  Trapped by something falling  Verbal Abuse  Weather  Another kind of incident\* | |
| Work process involved in the incident\* | | Injury Details | | Site of Injury |
| Production, manufacturing, or processing  Storing / warehousing  Construction - new building  Construction - civic engineering, infrastructures, roads, bridges, ports  Construction - remodelling, repairing; extending; building maintenance; demolition  Agricultural work; forestry; horticulture; fishing; work with animals  Cleaning - industrial or manual  Waste management; disposal; treatment.  Monitoring / Inspections  Service or assistance to the public  Teaching; training; office work  Commercial activity - buying; selling and associated services  Maintenance; repair  Movement; including aboard transport  Sport or artistic activity  Other process not listed\* | | Burn / Scald  Bruise/ Swelling  Concussion  Cut / Scratch  Disease  Dislocation  Fracture  Irritation  Internal Injury  Loss of Limb  Loss of Sight  No injury  Partial loss of sight  Pool rescue  Puncture Wound  Poisoning / Gassing  Shock  Strain / Sprain  Other\* | | Ankle  Arm  Back  Eye  Face  Finger  Groin  Hand  Head  Knee  Leg  Neck  Shoulder  Wrists  Other\* |
| Main Factor involved in the Incident | Electrical problem, explosion, or fire  Overflow; leak; vaporisation or emission of liquid; solid or gaseous product  Breakage; bursting or collapse transport or equipment  Slip: stumble or fall  Walking on a sharp object  Kneeling; sitting or leaning on an object  Being caught or carried away by something (or by momentum)  Lifting; carrying; standing up  Pushing; Pulling  Putting down; bending down  Twisting turning  Shock; fright; violence; aggression  Other 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 |  |

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

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

|  |  |
| --- | --- |
| **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 Given  Ambulance Called |
| Status of Accident / Incident | No work time lost  Over 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.