|  |  |
| --- | --- |
| **Department/Service/Functional Area** | |
|  |  |
| Department: |  |
|  | |
| Service: |  |
|  | |
| Functional Area: |  |

|  |
| --- |
| **Accident Location (eg school, roadway, graveyard etc)** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **About the person reporting the accident/incident** | | | | | |
|  | |  | | | |
| Full Name: |  | | |  | Work Address |
|  | | |  |  |  |
| Occupation: |  | | |  |
|  | | |  |  |
| Contact Number: | | |  |  |

|  |
| --- |
| **About the injured person** |
|  | |

Type of injured person (✓)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee |  | Contractor |  | Sub-Contractor |  | Visitor |  | Customer |  |
|  | | | | | | | | | |
| Pupil |  | Unknown |  | Member of Public |  | Other |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | |  | | Home Address | | | | | |
|  | | | | | | | | |  | | | | | |
| Employee: (✓) | | |  |  | | | | |
|  | | | | | | | | |
| Non – Employee: (✓) | | | | |  |  | | |
|  | | | | | | | | | | | | | | |
| Job function: | |  | | | | | | Gender: (✓) | | | Male: |  | Female |  |
|  | | | | | | | | | | | | | | |
| Date of Birth: | |  | | | | | | Telephone: | |  | | | | |

|  |  |
| --- | --- |
| Check this box if the injured party gives permission for the report to be given to third parties |  |

|  |
| --- |
| **About the incident** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How serious was the accident/incident: (✓) | | | Minor | |  | Serious |  | | Major | |  |
|  | | | | | | | | | | | |
| Date of accident/incident: |  | | | What time did it happen? | | | |  | | 24hr | |
|  | | | | | | | | | | | |
| Where did the accident/incident happen: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Describe the task being carried out, any equipment being used at the time and what went wrong? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Conditions at the time of the accident/incident** | | | | | | | | | | | | |

**Lighting** (✓)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indoor…………** | Excellent | |  | Poor |  | Satisfactory |  | Unknown |  |
|  | | | | | | | | | |
| **Outdoor ………** | | Excellent |  | Poor |  | Satisfactory |  | Unknown |  |

**Surface** (✓)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AstroTurf |  | Carpet | | |  | Concrete | | | |  | Grass | | | | |  | | Mud | | | | |  | |  | | Painted | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Stones |  | Tarmac | | |  | Stones | | | |  | Tiled | | | | |  | | Woodchip | | | | |  | |  | | Wooden | | | | |  | |
|  |  |  | | |  |  | | | | | | |  | |  |  | | | |  | | |  | |  | |  | | | | |  | |
| Metal |  | Vinyl flooring | | | |  | Robber safety | | | | | |  | | other | | | | |  |  | | | | | | | |  |
|  | | |  |  | | | |  |  | | |  | |  | | |  | |  | | |  | |  | |  | | | | |  | |

**Condition of surface** (✓)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dry |  | Wet |  | Slippery |  | Uneven |  | Unknown |  | N/a |  |

**Weather conditions** (✓)

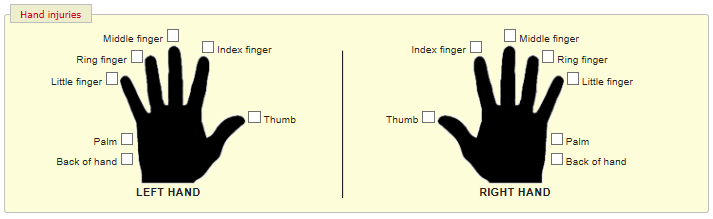
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fog |  | Icy | | |  | Raining | | |  | Snow |  | Sunny |  | Windy |  |
|  | | | | | | | | | | | | | | | |
| Dull/overcast | | |  | Unknown | | |  |  |  |  |  |  |  |  |  |

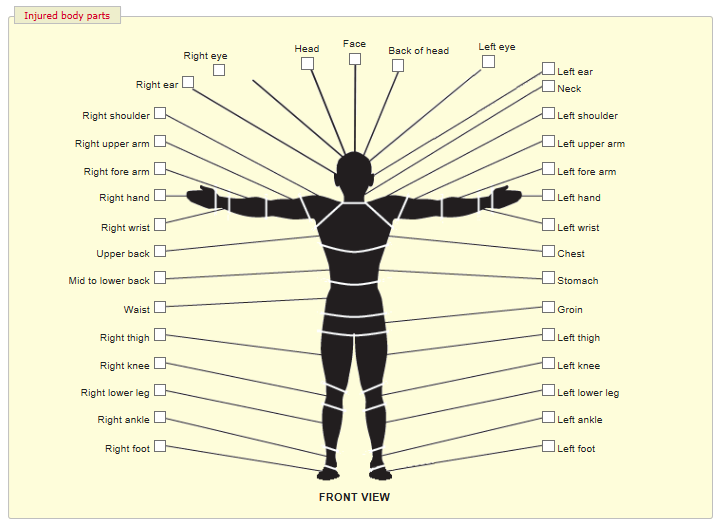
|  |
| --- |
| **About any treatment given** |

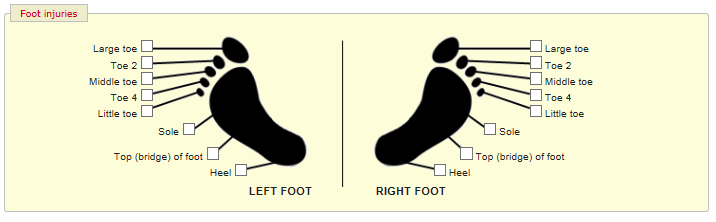
|  |
| --- |
| Describe what treatment was given (if any) and by whom |
|  |

|  |  |  |
| --- | --- | --- |
| How many days were lost due to this incident? | |  |
|  | | |
| When did the injured person return to work | | / / |
|  | | |
|  | **Check this box if the injured person required hospital treatment** | | |

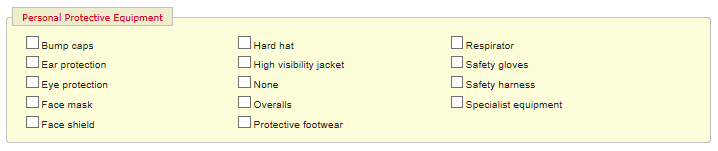
|  |
| --- |
| **Part of the body injured** (✓) |
|  |



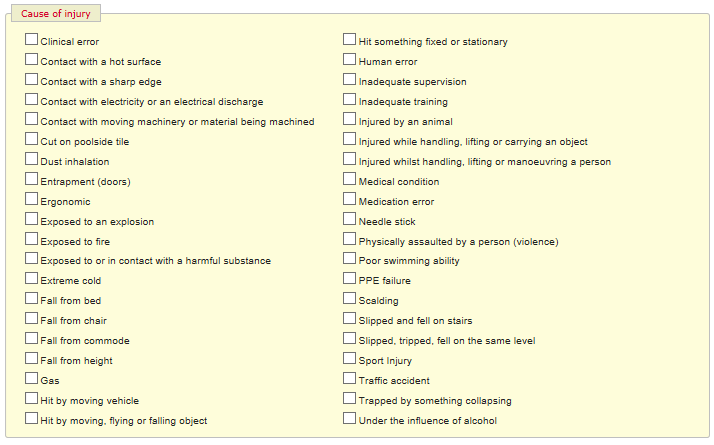




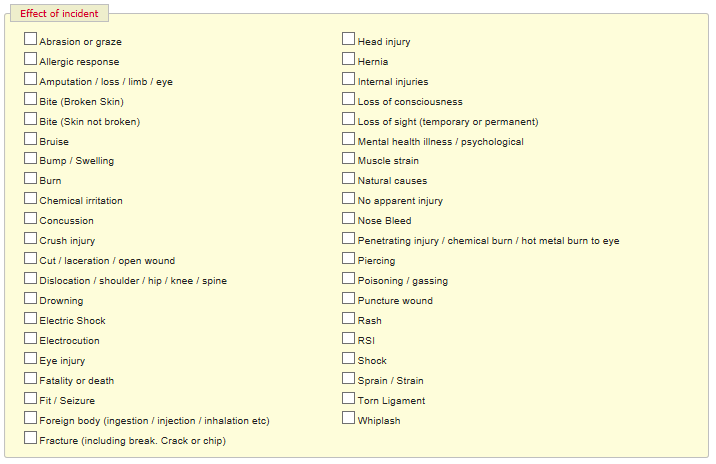
|  |
| --- |
| **What type of Personal Protective Equipment (PPE) was being worn at the time of the accident** (✓) |
|  |



|  |
| --- |
| **Cause of injury** (✓) |



|  |
| --- |
| **Effect of the accident** (✓) |
|  |



|  |
| --- |
| **Related documents** |

If you wish to attach any documents to this report, please indicate below what these documents are

|  |
| --- |
|  |

|  |
| --- |
| **Incident questions** (✓) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes**  **(✓)** | **No**  **(✓)** | **Don’t know (✓)** | **N/A**  **(✓)** |
| Did the injured person continue to work after the accident/incident? |  |  |  |  |
|  |  |  |  |  |
| Did the injured person require medical assistance or hospital treatment? |  |  |  |  |
|  |  |  |  |  |
| Did the injured person require resuscitation? |  |  |  |  |
|  |  |  |  |  |
| Is the injured person likely to stay in hospital for more than 24 hours? |  |  |  |  |
|  |  |  |  |  |
| Is the injury likely to prevent the person from working or carrying out their normal duties for more than 7 days? |  |  |  |  |
|  |  |  |  |  |
| Was first aid offered to the injured person? |  |  |  |  |
|  |  |  |  |  |
| Was first aid accepted by the injured person |  |  |  |  |
|  |  |  |  |  |
| Was the injured person taken to hospital from the scene of the accident? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Witness details** | | | | | |
|  | |  | | | |
| Full Name: |  | | |  | Address |
|  | | |  |  |  |
| Occupation: |  | | |  |
|  | | |  |  |
| Contact Number: | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | |  | Address |
|  | |  |  |  |
| Occupation: |  | |  |
|  | |  |  |
| Contact Number: | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | |  | Address |
|  | |  |  |  |
| Occupation: |  | |  |
|  | |  |  |
| Contact Number: | |  |  |

**If you feel you require further support, either completing this form or following the accident please speak to your line manager.**

**Please give the completed report to your line manager under confidential cover to process and allow an investigation to take place into the circumstances of the accident.**