

--	--

The injured person, a responsible person completing the form on behalf of an injured person, or a responsible person reporting the incident must complete parts A, B, C and D. Please complete in block capitals.

A. About the incident

1. Type of incident (*Tick applicable box*)
- Accident resulting in injury
- Near miss/ accident not resulting in injury
- Dangerous Occurrence
- Violent incident (*Physical or verbal*)
- Antisocial Behaviour (*not violence but causing distress or disruption*)
- Work-related ill health (*including illness with gradual onset*)
- Damage to building or property

(Complete all of Part A then go to Section D)

2. Date of Incident/onset of illnessⁱ
3. Time (24 hr clock Incident Only)

4. Address/site where incident happened

Site:

Address:

5. Exact location on above address/site

6. Describe task or activity taking place and what happenedⁱⁱ

B. Outcome of the incident

1. How was the person involved affected?
- Near miss/ No physical injury
- Dangerous occurrence
- Verbal assault
- Minor injury
- Unconscious/needed resuscitation
- Taken to hospital from the scene of the incident
- Hospitalised for over 24 hours
- Major injury or fatality (*Defined under RIDDOR*)
- Ill health (*Describe nature of illness below*)

2. List injuries/illness

3. Part of body affected

C. About the person injured/involved

1. Name
2. Home address and post code
-
3. Home phone number
-
4. Age
5. Male
 Female
6. Status of injured person (*Tick applicable box*)
- NCC employee - Employee number
- Client (*Go on to 10*)
- Pupil (*Go on to 10*)
- On training scheme/work experience
- Voluntary worker
- Someone else's employee (*E.g. contractor*)
- Member of public (*Go on to part D*)
7. Job title/occupation
-
8. Department
-
9. If 'Someone else's employee' ticked above give name and phone number of employer
-
10. Name and address of normal work base, e.g. unit or school (*If different to address in box A.4*)
-

D. About the person who has completed Parts A - C (** Delete as applicable*)

I am the *** injured person named in part C** and confirm that this report records the incident as described.
 *** a responsible person reporting the incident**

Signed: _____ Print name: _____ Date: _____

Dept: _____ Section/unit: _____

Once Parts A-D are complete please pass this form onto the responsible line manager.

E. Line manager's investigation of the incident

(Parts E and F to be completed by the relevant manager/supervisor)

1. Tick one box that best identifies the kind of incident

- Contact with moving plant or machinery, or material being machined
 Hit by a moving, flying or falling object
 Hit something fixed or stationary
 Injured while handling, lifting or carrying
 Slipped/tripped/fell on same level
 Fall from height - How high was the fall?
 Trapped by something collapsing
 Drowned or asphyxiated (lack of oxygen)
 Exposed to heat/fire/explosion
 Exposed to or contact with a harmful substance
 Electric shock
 Injured by an animal
 Physical assault
 Threatened assault/verbal abuse
 Antisocial Behaviour
 Near miss/no physical injury
 Dangerous occurrence
 Work related ill health
 Road traffic accident
 Damage to building, property or equipment
 Other (please specify)

2. Why did the incident happen? (Describe below)

Large empty box for describing the cause of the incident.

3. Please tick any relevant factors that contributed to the incident

- No risk assessment of task/activity
 PPE not worn/provided
 Insufficient training/instruction
 Inadequate supervision
 Work pressure/lack of concentration
 Work procedures not followed
 Condition of the workplace
 Behaviour (third party/client)
 Lone Working
 None of above

4. Has this incident (same task, activity, etc.) occurred before in your area of responsibility? (Not necessarily to the same person) Yes No

5. Has the incident resulted in absence from work? No absence from work or change in work activities, Up to 3 days absence from work, Over 3 days absence, expected absence, or incapacity for usual work

6. Did the injured person receive First Aid? Yes No Name of First Aider:

7. Have you involved the injured person in the investigation and discussed the outcome with them? Yes No If not please do so

8. Follow up action (Describe what has, or will be done to prevent a recurrence)

Table with 2 columns: Action taken, or to be taken; Name of person responsible for action

9. Were there any witnesses to the incident? Yes No Provide names and addresses or telephone numbers (Attach any relevant statements)

Large empty box for listing witnesses and their details.

10. If a violent incident or antisocial behaviour were the police informed? Yes No Crime number

F. About the person who has completed Part E (To be signed by the person completing part E)

The information contained in this incident report is correct to the best of my knowledge.

Signed: Date: Tel/ext:

Print Name: Position:

G. What to do with the completed form

Please forward the completed form to your departmental Health & Safety Adviser.

- The completion of this form will provide information required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations and the Social Security (Claims and Payments) Regulations.
Completion of this form is not an admission of liability.
Information on this form will be stored on a database in accordance with the Data Protection Act.

Office use only
HSE informed

i For gradual onset injuries or ill health conditions an estimated date will suffice
ii For gradual onset injuries or ill health insert details of how the injury is work related or exacerbated