

# Incident Report Form

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 illness<sup>i</sup>
3. Time (24 hr clock Incident Only)

4. Address/site where incident happened

5. Exact location on above address/site

6. Describe task or activity taking place and what happened<sup>ii</sup>

## 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 directly to hospital from the scene of the incident for treatment of the injury
  - Hospitalised for over 24 hours
  - Specified 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*)
- Trust 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  a responsible person reporting the incident and confirm that this report records the incident as described.

Signed:  Print Name:  Date:  Dept/School:

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

<sup>i</sup> For gradual onset injuries or ill health conditions an estimated date will suffice

<sup>ii</sup> For gradual onset injuries or ill health insert details of how the injury is work related or exacerbated

## 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

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

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

<input type="text"/>
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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  
 1 to 3 days absence from work  
 4 to 7 days absence from work  
 Over 7 days absence, expected absence, or incapacity for usual work (report injury to HSE)

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)

Action taken, or to be taken <input type="text"/>	Name of person responsible for action <input type="text"/>
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9. Were there any witnesses to the incident?  Yes  No  
Provide names and addresses or telephone numbers (Attach any relevant statements)

<input type="text"/>
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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:

Print Name:

Position:

## G. What to do with the completed form

Please forward the completed form to.....

- 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