

# Accident, Incident, Dangerous Occurrence and Near Miss Form

**COMPLETE IN BLOCK CAPITALS**



<b>Part 1 to be completed within 24 hours of incident</b>			
Date of accident:	Time of accident:	Exact location of accident:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Person completing Part 1</b>		Safety dept ref:	<input type="text"/>
Name:	Department:		
<input type="text"/>	<input type="text"/>		
Signature:	Telephone:		
<input type="text"/>	<input type="text"/>		
Date reported:	Time reported:		
<input type="text"/>	<input type="text"/>		
<b>Injured person's details</b>			
Name of injured person:		Home address/telephone no of injured person:	
<input type="text"/>		House no: <input type="text"/>	
Department:		Street: <input type="text"/>	
<input type="text"/>		Town: <input type="text"/>	
Job title/course name:		Post Code: <input type="text"/>	
<input type="text"/>		Tel no: <input type="text"/>	
Status (Employee/Student/Public):	Sex:	D.O.B	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part of body injured (state left or right):		Injury sustained:	
<input type="text"/>		Fracture	Laceration
		<input type="checkbox"/>	<input type="checkbox"/>
		Burn	Eye Injury
		<input type="checkbox"/>	<input type="checkbox"/>
		Bruising	Dislocation
		<input type="checkbox"/>	<input type="checkbox"/>
		Sprain	Other
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: Serious injuries must be reported by telephone immediately to Health and Safety Manager – see guidance in Health and Safety Policy</b>			
<b>Witness details</b>			
1. Name	<input type="text"/>	2. Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Place of work	<input type="text"/>	Place of work	<input type="text"/>
<b>Description of incident</b>			
Describe fully what happened and the task/process involved (draw a plan or a sketch if this will help, use extra sheets if required).			
<input type="text"/>			

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<b>Part 2 - Accident investigation and report</b>							
Part 2 to be completed by the Site Safety Rep/Safety Manager and signed by person to whom the incident has occurred							
Category of accident:				Summary of contributory factors:			
Slip/Trip/Fall <input type="checkbox"/>	Man-Handling <input type="checkbox"/>	Hand Tool <input type="checkbox"/>	Horseplay <input type="checkbox"/>				
Animal <input type="checkbox"/>	Trap/Crush <input type="checkbox"/>	Chemical <input type="checkbox"/>	Other <input type="checkbox"/>				
Was the injured person taken to hospital?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, state name and address of hospital: <input type="text"/>							
Was injured person absent as a result of accident?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this absence likely to go on for over 7 days?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Action to be taken to prevent a recurrence, or recommendations/time scale <input type="text"/>							
<b>Signature of Site Safety Rep/H &amp; S Manager:</b>				<input type="text"/>			
<b>For the injured person only:</b>							
By ticking this box <input type="checkbox"/> I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.							
<b>Signature of injured person:</b>				<b>Date:</b>			
<input type="text"/>				<input type="text"/>			
<b>Health and Safety Manager use only</b>							
Subject of Report:							
Fatality <input type="checkbox"/>	Major injury or condition <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Over Seven Day Injury <input type="checkbox"/>	Dangerous Occurrence <input type="checkbox"/>	Minor Injury <input type="checkbox"/>	First Aid <input type="checkbox"/>	Incident <input type="checkbox"/>
RIDDOR reportable?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Classification:			<input type="text"/>			Date reported:	
Signature of person submitting RIDDOR report:			<input type="text"/>				