



ACCIDENT / INCIDENT REPORT FORM

Staff	
Trainee	
Visitor	
Other	
Please tick appropriate box	

Was this an accident involving injury? Yes/No OR An incident that did not involve injury: Yes/No					
SECTION 1: For completion wherever possible by injured person or person involved in incident					
Surname (including title, Mr, Mrs, Miss, Ms etc):			Forenames:		
Home Address:			Other Address (if applicable):		
Tel:			Tel:		
Date of Birth:		Occupation:		Department:	
Employer (if applicable):					
Exact nature of the injury (if any) [Please indicate left or right side, etc]:					
Details of accident/injury/incident (what happened, how caused and exact location) [attach a plan/sketch if it will assist explanation]:					
Date of accident/incident:			Time of accident/incident (24 hour clock):		
If not reported immediately state why:					
Signed:		Print name:		Date:	
SECTION 2: For completion by Investigating Officer (i.e. health and safety co-ordinator, etc.)					
Was a Doctor called?		Yes	No	Was an ambulance called?	
				Yes	No
Was a First Aider in attendance?		Yes	No	Was the person taken to hospital?	
				Yes	No
Time of arrival of Doctor/Ambulance/First Aider (24 hour clock):					
If injury occurred, was person a member of staff on duty?		Yes	No	Did the accident result in incapacity from work/studies for more than 3 consecutive days?	
				Yes	No
Have witness statement forms been completed?		Yes	No	Are these witness statement forms attached?	
				Yes	No
Number of staff on duty in area at time:					
Apparatus/Equipment involved (if any):			Apparatus/ Equipment retained for inspection?		
					Yes No
Findings and action taken following accident/incident:					
Signed:		Print name:		Date:	
SECTION 3: For completion by Director					
Further action required:					
Reportable occurrence to H.S.E?		Yes	No		
Signature:		Print name:		Date:	



ACCIDENT/INCIDENT REPORTING PROCEDURE

ACCIDENT/INCIDENT REPORT FORM

Members of staff, trainees, visitors or other person's who have an 'accident' or are involved in an 'incident', must complete an Accident/Incident Report Form.

Definitions

- An Accident: an event resulting in injury or death.
- An Incident: an event that had the potential to result in harm (of a minor, serious or fatal nature), although no injury actually took place.

Major Injury - See Appendix 1

Cases of Disease - see Appendix 2

Dangerous Occurrence - see Appendix 3

Completion Notes

- Section 1 - For completion wherever possible by injured person/person involved in incident immediately after the occurrence but where this may not be possible, within a period not exceeding 48 hours.
- Where the person is unable to do so, completion should be made by a member of staff acting on their behalf.
- Section 2 - For completion by the Investigating Officer (i.e. health and safety co-ordinator acting on behalf of the company Director) of injured person/person involved in incident, or where this may not be possible by a member of staff on duty having fully investigated the accident/incident and taken appropriate action.
- Completion should be within a period not exceeding 72 hours of the accident/incident.
- Section 3 - For completion by the Director who will initiate any further action considered necessary and circulate copies of the form. Completion must be within a period not exceeding 5 days of the accident/incident.

Nicholas Heins
Health & Safety Co-ordinator



WITNESS REPORT FORM

Accident/Incident involving: (Name)			
At: (Place)			
Time:		Date:	
Statement by Witness:			
(Please attach a plan or sketch if you feel it will assist explanation)			
Particulars of Witness:			
Name: (Block Capitals)			
Home Address:			
Signature:		Date:	
Note: The Investigating Officer should ensure completion of full details on the witness' signed Statement before attaching to the Accident / Incident Report Form.			

Appendix 1

ACCIDENT REPORTING PROCEDURE

'MAJOR INJURIES' REPORTABLE TO THE HEALTH AND SAFETY EXECUTIVE

Including:

1. Any fracture other than to fingers, thumbs and toes.
2. Amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (temporary or permanent) or a chemical or hot metal burn to the eye or any penetrating injury to the eye.
5. Injury resulting from electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
6. Any other injury: leading to hypothermia, heat-induced illness or unconsciousness requiring resuscitation; or requiring admittance to hospital for more than 24 hours.
7. Loss of consciousness caused by asphyxia or exposure to a harmful substance or biological agent.
8. Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin.
9. Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

The above is not intended to be an exhaustive list of 'major injuries' as defined within the RIDDOR Regulations 1995, a copy of which is available for inspection in the Health and Safety Office.

Appendix 2

ACCIDENT REPORTING PROCEDURE

CASES OF DISEASE REPORTABLE TO THE HEALTH AND SAFETY EXECUTIVE

Including:

- Certain poisonings
- Some skin diseases such as: skin cancer, chrome ulcer, occupational dermatitis, oil folliculitis/acne.
- Lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma.
- Infections such as: leptospirosis, legionellosis, tetanus, hepatitis, tuberculosis, or anthrax.
- Other conditions such as: occupational cancer, certain musculoskeletal disorders, decompression illness, and hand-arm vibration syndrome.

The above is not intended to be an exhaustive list of those 'diseases' defined within the RIDDOR Regulations 1995, a copy of which is available for inspection in the Health and Safety Office.

Appendix 3

ACCIDENT REPORTING PROCEDURE

'DANGEROUS OCCURRENCES' REPORTABLE TO THE HEALTH AND SAFETY EXECUTIVE

Defects relating to:

1. Lifting Machinery etc.
2. Pressure Systems
3. Freight Containers
4. Overhead Electric lines
5. Electrical Short Circuit
6. Explosives
7. Biological Agents
8. Malfunction of Radiation Generators, etc.
9. Breathing Apparatus
10. Diving Operations
11. Collapse of Scaffolding
12. Train Collisions
13. Wells
14. Pipelines or Pipeline Works
15. Fairground Equipment
16. Carriage of Dangerous Substances by Road
17. Collapse of Building Structure
18. Explosion or Fire
19. Escape of Flammable Substances
20. Escape of Substances

Details of each of the above are defined within the RIDDOR Regulations 1995.

'In accordance with Simply The Best's commitment to equality and diversity, this Policy has been written and screened to avoid discrimination and promote a positive approach to race, disability and gender issues.