



Accident/incident/near miss reporting form

This form should be used to report any accident, incident or near miss that has been experienced in any activities involving anyone undertaking any activity led by the Trust.

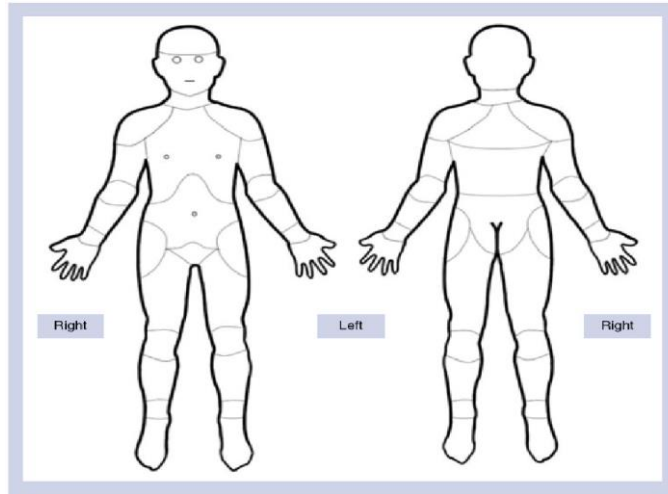
1. Details of the individual affected by accident/incident/near miss			
Full Name:			
Date of Birth/Age:		Gender: M / F / Other	
Home Address/School Address (Inc Postcode):			
Contact Number/Email Address:			
<input type="checkbox"/> Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Trainee <input type="checkbox"/> Participant			
Other <input type="checkbox"/> Please Specify: _____			

2. Details of the accident/incident/near miss			
What happened? (tick all that apply)			
<input type="checkbox"/> Actual personal injury	<input type="checkbox"/> Slip / trip / fall (level surface)		
<input type="checkbox"/> Slip / trip / fall (uneven surface)			
<input type="checkbox"/> Fall from height (approx ___ metres)	<input type="checkbox"/> Injured whilst using machinery		
<input type="checkbox"/> Injured by animal	<input type="checkbox"/> Contact with hot / cold		
<input type="checkbox"/> Injured while handling (lifting/ pushing/ carrying/ pulling or using bodily force)			
<input type="checkbox"/> Hit by object	<input type="checkbox"/> Hit by vehicle		
<input type="checkbox"/> Exposed to harmful substance	<input type="checkbox"/> Contact with electricity		
<input type="checkbox"/> Exposed to fire or explosion	<input type="checkbox"/> Physically assaulted by person		
<input type="checkbox"/> Verbally assaulted by person	<input type="checkbox"/> Other: _____		

Nature of injury? (tick all that apply)			
<input type="checkbox"/> Amputation	<input type="checkbox"/> Bruise / Swelling	<input type="checkbox"/> Burn heat / cold	<input type="checkbox"/> Burn corrosive
<input type="checkbox"/> Concussion	<input type="checkbox"/> Crush	<input type="checkbox"/> Cut	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Distress / Pain	<input type="checkbox"/> Emotional Distress	<input type="checkbox"/> Fatality	<input type="checkbox"/> Puncture
<input type="checkbox"/> Sprain	<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Other: _____	

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Part of body affected? Details of emotional impact?



3. Further details about the accident/incident/near miss - include details of the activity being carried out, with factual circumstances of the accident/incident/near miss and the impact/effect on the individual. Please include sketch and/or photos if possible.

Have additional sheets been attached? **Y/N** If **yes**, how many are attached?

Location:

Date:

Time:

Witness Details:

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4. First Aid/Action taken/Other outcomes

Received first aid: **Y/N** Details (including name of first aider):

Able to carry on with activity: **Y/N**

Taken or advised to go home: **Y/N**

Advised to see Doctor/Nurse: **Y/N**

Taken to hospital by ambulance: **Y/N**

Details: (including hospital and if detained):

Taken to hospital by other vehicle: **Y/N**

Details: (self/friend/family/other)

Number of day's absence (includes weekends / non-work days):

Is the absence more than 5 working days? **Y/N**

If yes, provide expected return date:

5. Investigation

What factors may have contributed to the accident/incident/near miss? What actions have been taken to prevent this happening again?

Was PPE being worn at the time of the accident? If not why not and do you think this would have protected the person from injury if it had been worn?	
Environment / premises:	
Equipment / materials:	
Procedures / information:	
Human factors / behaviour:	
Had training been provided?	
What supervision was provided?	
Was the activity covered by a robust risk assessment?	

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Did the activity require a 'Permit to work' or method statement?	
Has there been a similar accident, incident or near miss before?	
Other factors / observations:	

6. Declaration by member of staff or authorised volunteer completing this form

Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person and should be a factual account of what happened and first aid provided (if any).

Name:	Job title
Department:	Telephone:
Email:	
Signature:	Date:

7. Managers comments and actions

Name:	Job title
Signature:	Date:

Following manager comments this form must be sent to Head of Finance & Resources within 48 hours of the accident/incident/near miss occurring.

For further details please see <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

There is a legal obligation under The Social Security (Claims and Payments) Regulations 1979 for these details to be recorded. Forms will be kept for 3 years and will be destroyed at the end of this period.

If an accident requires the Health and Safety Executive to be notified and a RIDDOR report to be filed then details will be submitted in a formal RIDDOR report under section 20 of the Health and Safety at Work Act 1974.