

Accident/Incident Report Form

Reference No:

Use this form for reporting accidents, incidents or hazards which have occurred on Academy premises.

If the accident/incident has resulted in someone suffering **serious injury** (e.g. broken bones) please report it **immediately** to a Senior staff member.

DETAILS OF PERSON FILLING IN THIS FORM

Your Name:	Today's Date:
Position:	Work Phone No.:

DETAILS OF ANY INJURED (if no-one was injured, go straight to next section)

Name:	Contact Phone No.:				
Address:					
Is She/He a (<i>circle one</i>):	Staff	Student	Contractor	Visitor	Other:
Job Title/Student ID:		Section:			
Age:		Male / Female:			

DESCRIPTION OF THE ACCIDENT or INCIDENT (e.g. a near-miss)

Date & Time:	Place:
Describe what happened including details of any injury:	

FIRST AID TREATMENT

Was the person treated by a First Aider?	Yes	No	Don't Know	Not applicable
If 'Yes': Give Name of First Aider:				

...and record here what First Aid was given:

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This side of the form has to be completed by a Senior staff only

REPORTABLE ACCIDENTS AND INCIDENTS

HSE Injury Classification	(Tick box)	HSE Incident Classification	(Tick box)
Fatal injury		Contact with electricity	
Bone fracture excluding finger, thumb or toe		Contact with machinery	
Amputation of arm, hand, finger, thumb, leg, foot or toe		Drowned or asphyxiated	
Blinding or permanent sight reduction		Exposed to explosion	
Crush injuries leading to brain damage or organ damage		Exposed to fire	
Serious burns		Exposed to a harmful substance	
Scalping requiring hospital treatment		Fall from a height (if so, how far?)	
Loss of consciousness caused by head injury or asphyxia		Injured by an animal	
Injuries associated with working in an enclosed space leading to hypothermia or heat-induced illness, resuscitation, hospitalization for over 24 hours		Lifting and handling injuries	
<i>Did the injured person...</i>		Physical assault	
...become unconscious?		Slipped trip or fall on the same level	
...need resuscitation?		Struck against something	
...sustain an injury which required them being taken straight to hospital?		Struck by an object	
...remain in hospital for more than 24 hours?		Struck by a moving vehicle by something moving, flying or falling	
...due to the incident become unable to work for... ...more than 7 days? (RIDDOR reportable)		Trapped by something collapsing	
...more than 3 days? (NB: just for the record, not RIDDOR reportable)		An occupational disease arising out of the work (e.g. dermatitis). ALL: Refer to guidance on RIDDOR	
<i>None of the above</i>		A dangerous occurrence (e.g. a near-miss) which could have been serious. ALL: Refer to guidance on RIDDOR	
<i>None of the above</i>		<i>None of the above</i>	

Record the names and phone numbers of any witnesses or others notified:

Is the accident/incident reportable under RIDDOR? (any ticked boxes above – if in doubt, read guidance)	Yes	No	If 'Yes', date reported & Signature:
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ACCIDENT or INCIDENT INVESTIGATION AND PREVENTION

Has an investigation been carried out?	Yes	No	Don't Know	Not Applicable
<i>If 'Yes', by whom</i>				

What were the conclusions?

Was the activity covered by a Risk Assessment?	Yes	No	Don't Know	Not Applicable
<i>If 'Yes', does the Risk Assessment need revising?</i>	Yes	No	(detail in management action below – continue on separate sheet if necessary)	
<i>If there was No Risk Assessment, is one needed?</i>	Yes	No		

Management Notes and Summary of Further Actions Required:

Notes: The information given may be passed onto the Health & Safety ('H&S') Enforcing Authority (where this is required by law); our Insurers (to advise on risk/claims matters); our H&S/HR professionals (to provide information about accidents or incidents, injuries and illness), and Company Managers (to discuss general accident and adverse incident prevention strategies).
