Accident / Incident Report Form

Please call x2381 for a Larger Font

This form is to be used for all types of hazardous incidents including work related illness/disease, stress, violence & aggression, race/hate and motor vehicle accidents. When completed your manager **must** send this form to Occupational Health, Safety and Wellbeing, Civic Centre, Dagenham within 24 hours. Violent and/or aggressive incidents should also be reported to the Security section. **Any serious accident/incident must be reported immediately to your manager and on x2381 or fax details to x2237 (out of office hours).**

Part A to be completed by or for the person involved please print in block capitals.

1. Injured Person Involved Please complete all sections on the form

Name	
Address (Include Postcode)	
Date of Birth	
Contact Number(s)	

Department -   Service Area   Section

Non Employee	Employee
Non Employee ☐ Member of Public/Visitor ☐ Service User ☐ Residential Care User ☐ Tenant ☐ Pupil/Student ☐ Agency/Contractor ☐ Name	**Employee** ☐ Employee number Occupation

2. What Happened? A brief description of the A/I, continue on another sheet if necessary

Do you consider this to be a hate motivated incident?	Yes ☐ No ☐

If yes, please fill out the hate incident form – available from the intranet: http://www.lbbd.gov.uk/6-living/crime/hate-crime/hate-crime-main.html

3. Where and when did it happen?

Site Address	
Where at the site?	
Date	
Time	-

4. Injury Details

Part of Body (left/right)	
Injury Type e.g. bruise, cut, etc	

First Aid Given?	Yes ☐ No ☐
Name of first aider	
Treatment given	

Sent/taken to hospital?	Yes ☐ No ☐
Outcome (if known)	

5. Witness Details

Name	
Address	
Contact Number(s)	

Further information and/or statements attached?	Yes ☐ No ☐

Person Completing Part A	
Name Block Capitals	
Signature	Has person involved received a copy of the Accident / Incident Report? ☐
Date	

Office use only

CASS Ref		Admin		F2508 Sent: Yes ☐ No ☐	Date	

Part B to be completed by Manager/Supervisor/Head Teacher please print in block capitals.

1. Investigation of the accident/incident
As part of your investigations, are you satisfied that the incident occurred:

At the date, time and location stated overleaf?	Yes ☐ No ☐
Were they authorised to be doing this at the location?	Yes ☐ No ☐

Applicable to employees only

Has instruction or training been given for the task/equipment etc. involved?	Yes ☐ No ☐
Was Personal Protective Equipment being used? If so, what type	Yes ☐ No ☐
Did the injured person report to Work the next working day? If not, (and if known) how long will they be absent from work?	Yes ☐ No ☐ Days
Expected working hours	- to -
Actual working hours	- to -

Violence & Aggression only
Please also send a copy to Security Manager, Resources

Has counselling or other support been offered? Date Referred	Yes ☐ No ☐
Were the police involved?	Yes ☐ No ☐
Did they attend?	Yes ☐ No ☐
Crime Reference Number	
When were the police called?	-
When did the police arrive?	-

2. Risk Assessments, Procedures of safe working practice

Is there a valid risk assessment For the task?	Yes ☐ No ☐
Is there a current code of safe working practice or procedure for this work and has the employee been given a copy? -State Type: -Date Given:	Yes ☐ No ☐

3. When was the incident reported?

Date	
Time	-
To whom	

4. Investigation Results
Your actions / recommendations made to prevent recurrences?
E.g. will risk assessments need to be reviewed?
Please state when actions have been / are due to be put in place.

Weather conditions (if incident occurred outside)

Person completing Part B Manager / Supervisor / Head Teacher only	
Name	
Signature	Please check box if sent via email ☐
Date	

Office use only: Advisors Action

Revised Jan 2009

Additional Sheet

Please use the space below if you need to provide further information for any section of the form, or if you have any additional comments.

Injured Person Involved:
Date of Birth: