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| Accident/Incident Report Form | Reference No: |  |

Use this form for reporting accidents, incidents or hazards which have occurred either on COUNCIL premises/ assets or whilst engaged on COUNCIL business.

If the accident/incident has resulted in someone suffering **serious injury** (e.g. broken bones) please report it **immediately** to the Clerk – clerk@kerrycommunitycouncil.gov.uk

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | |
| Gender*:* | Staff/Volunteer | Councillor | Contractor | | | | Public | Other: |
| If Staff, Job Title: | | | 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 to be completed by Clerk/Chair**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 | |  |
| Physical assault | |  |
| ***Did the injured person…*** |  | | Slipped trip or fall on the same level | |  |
| ...become unconscious? |  | | Struck against something | |  |
| ...need resuscitation? |  | | Struck by an object | |  |
| ...sustain an injury which required them being taken straight to hospital? |  | | Struck by a moving vehicle  by something moving, flying or falling | |  |
| ...remain in hospital for more than 24 hours? |  | | Trapped by something collapsing | |  |
| ...due to the incident become unable to work for… ...*more than 7 days?* (RIDDOR reportable) |  | | An **occupational disease arising out of the work** (e.g. dermatitis). ALL: Refer to guidance on RIDDOR | |  |
| …more than 3 days?  (NB: just for the record, not RIDDOR reportable) |  | | A **dangerous occurrence** (e.g. a near-miss) which could have been serious.  ALL: Refer to guidance on RIDDOR | |  |
| ***None of the above*** |  | | ***None of the above*** | |  |
| 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: | |

**ACCIDENT or INCIDENT INVESTIGATION AND PREVENTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Has an investigation been carried out?** | Yes | | No | | Don’t Know | Not Applicable |
| *If ‘Yes’, by whom* |  | | | | | |
| **What were the conclusions?** | | | | | | |
| **Was the activity covered by a Risk Assessment?** | | Yes | | No | Don’t Know | Not Applicable |
| *If ‘Yes’, does the Risk Assessment need revising?* | | Yes | | No | (detail in Council action below – continue on separate sheet if necessary) | |
| *If there was No Risk Assessment, is one needed?* | | Yes | | No |
| **Council/Clerk 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 Councillors/ Principal Authority (to discuss general accident and adverse incident prevention strategies). | | | | | | |