



Incident Report Form

Revision 1 August 2008

Service _____

For H&S Section Use Only

Division _____

Location/Team _____

Date/Time of Incident _____

Location of Incident _____
(please include address)

1. Type of Incident

Injury Illness Damage to Equipment Near Miss Other

2. Injured Party Details

Employee (add job title) Client/Service User Volunteer Visitor

_____ Pupil Contractor Member of public

Name _____ Date Absence Started _____ Date Absence Ended _____

Date of Birth _____ Time Absence Started _____ Length of Absence (days) _____

Home Address _____

3. Reporting Requirements

HSE Reportable

- Fatality
- Major injury (inc hospitalisation for >24 hours)
- >3 day absence from work
- Reportable disease
- Reportable Dangerous Occurrence
- Member of public taken to hospital

These are reportable to the HSE. Form F2508 should be completed and sent to:

Belford House, Belford Road, EDINBURGH EH4 3UE

Visit www.riddor.gov.uk to access this form

Non HSE Reportable

- <3 day absence
- No absence/lost time (ie <2hours)
- Road traffic accident
- Stress-related illness or incident
- Reportable Dangerous Occurrence

4. Describe what happened

5. Details of Injury/Ill Health/Damage/Near Miss

(eg parts of body, side of body, stress, asthma, dermatitis, musculoskeletal or potential effects material/equipment damaged, fire)

6. Immediate Action Taken and Details

First Aid Hospital Other

Details _____

7. Type of Event

Contact with moving machinery	<input type="checkbox"/>	Repetitive movement	<input type="checkbox"/>	Slip, trip, fall on same level	<input type="checkbox"/>
Contact with moving vehicle	<input type="checkbox"/>	Hot objects/substance	<input type="checkbox"/>	Electricity/electrical shock	<input type="checkbox"/>
Moving/falling object	<input type="checkbox"/>	Manual lifting/handling/carrying	<input type="checkbox"/>	Explosion/fire/flammable material	<input type="checkbox"/>
Collision with people/object	<input type="checkbox"/>	Failure/collapse/overturning object, vehicle, lifting device	<input type="checkbox"/>	Noise/vibration/radiation exposure	<input type="checkbox"/>
Anxiety/stress	<input type="checkbox"/>	Fall from height: _____ m	<input type="checkbox"/>	Other (please state below)	<input type="checkbox"/>
Sharp object	<input type="checkbox"/>	Harmful substance/lack of oxygen	<input type="checkbox"/>	_____	

Violence and aggression	<input type="checkbox"/>	Damage to Council property	<input type="checkbox"/>	Damage to private property	<input type="checkbox"/>
Physical assault	<input type="checkbox"/>	Verbal aggression	<input type="checkbox"/>	Brandishing of a weapon	<input type="checkbox"/>
Attacked by animal	<input type="checkbox"/>	Incidents of being stalked	<input type="checkbox"/>	Threatening behaviour	<input type="checkbox"/>
Threats of assault	<input type="checkbox"/>	Racial abuse	<input type="checkbox"/>	Spitting	<input type="checkbox"/>
Threats against family/property	<input type="checkbox"/>			Other type of incident	<input type="checkbox"/>

Name & status of aggressor if known _____ Police action taken?
Yes No

8. Witnesses

Yes No (attach statements to this report)

Witness Name & Address _____

9. Manager/Supervisor Making This Report

Please send these initial details to your Service-based H&S Team within 24 hours of the incident

10. Investigation Level

High Medium Low

11. Investigator Details

(Please identify who carried out the investigation: their name and job title)

12. Person(s) Interviewed

(Position/relationships. Attach statements - Yes

13. Investigative Outcomes - Causes *(tick all that apply)*

Immediate Causes

- Operating equipment without authority
- Making safety devices inoperable
- Using defective equipment
- Failure to use PPE
- Reckless behaviour/intentional mistake
- Unintentional mistake
- Explain: _____

- Poor housekeeping
- Inadequate/inappropriate equipment
- Poorly maintained premises
- Safe working procedure not followed
- Inadequate guards/barriers

Underlying Causes

- Poor design of premises
- Poorly allocated responsibilities
- Inadequate training/instruction
- lack of consultation/co-operation
- Poor job design
- Poor motivation
- Poor supervision

Root Causes

- Poor communications
- Lack of information/direction
- Inadequate emergency arrangements
- Inadequate safe working procedures
- Work pressures
- Safe working procedures not followed
- Lack of risk assessment
- Inadequate risk assessment
- Inadequate supervision

14. Investigative Outcomes - Other Notes and Details

15. Recommendations to Prevent Reoccurrence

<i>Action</i>	<i>Person Responsible</i>	<i>When by</i>	<i>Complete</i>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

16. Signatures of Investigator and Manager

Signature of Investigator

Signature of Manager

Date _____

Date _____

17. Copies Sent to:

H&S Officer Staffing Contact Other _____

18. Documentation Checklist

Witness statements Risk Assessment Recommendation records
 Copies of photographs Safe system of work Investigation
 Training records HSE F2508 form details Maintenance
 Diagrams/plans

A copy of this form must be sent to your Service based H&S Team within 10 days, and the original kept on file by the Service at the relevant location.

Information will be placed on the incident database for corporate reporting and analysis.

All Incident records must be archived for a minimum of 4 years from the date of incident.

For further advice please read the accompanying guidance note to this form, or contact either your Service H&S Officer or the Corporate H&S Team on 01738 475470/71/72/73/81 or handsenquiries@pkc.gov.uk

For H&S Officers/Corporate H&S Team use only

Reference Number	Date Received	Date Entered onto System
Further Action?		