

Document Downloaded:

Part A: About You

1. What is your full name?
2. What is your job title?
3. What is your telephone number?

About your organisation

4. What is the name of your organisation?
5. What is its address and post code?
6. What type of work does the organisation do?

Part B: About the Incident

1. On what date did the incident happen?
2. At what time did the incident happen?
3. Did the incident happen at the above address?
If **No**, state the name, address and postcode.
4. In which department, or where on the premises, did the incident happen?

At what time did the incident happen?

No

Address:

Where did the incident happen?

Part C: About the injured person

1. What is their full name?
2. What is their home address and postcode?
3. What is their home phone number?
4. What is their job title?
5. How old are they?
6. Status of injured party:
If Contractor/Visitor, provide name and address of employer.

3. What is their home phone number?

4. How old are they?

5. Sex:

Employer's name:

Part D: About the Injury

1. What is the injury (e.g. fracture, laceration, bruise, burn, etc.)?
2. What part of the body was injured?
3. Was the injury:
 a fatality?
 an injury which prevented them doing their normal work for more than 3 days?
 an injury which meant they had to be taken to hospital for treatment?
4. a) Did the injured person become unconscious?
 b) Did the injured person need resuscitation?
 c) Did the injured person remain in hospital for more than 24 hours?

Was the injury or condition?

more than 3 days?

Was the injured person taken to hospital for treatment?

Yes No

Yes No

Were they in hospital for more than 24 hours?
 Yes No

S
A
M
P
L
E

S

Part E: About the Accident

Please tick the one that best describes what happened

- contact with moving machinery or machine while handling, lifting or carrying
- hit by a moving, flying or falling object
- hit by a moving vehicle
- hit something fixed or stationary
- drowned or asphyxiated
- exposed to fire
- contact with electricity or an electrical appliance
- physically assaulted by a person

while handling, lifting or carrying

ed, tripped or fell on the same level

om a height of metres

ed by something collapsing

sed to, or in contact with, a harmful substance

sed to an explosion

d by an animal

er kind of accident (describe in part G)

Part F: Dangerous occurrences

Enter the number of the dangerous occurrence

Regulations or Notes)

Part G: Describing What Happened

(Give as much detail as you can about the circumstances involved, events leading to the accident)

y substance involved, type of machine (c.)

Describe what happened:

Describe any action that has since been taken to prevent a similar accident:

ident:

Print Name:

Signature:

Date:

NB: You must sign and date the Report form and return it to the Incident Contact Centre, Caerphilly Business Park, Caerphilly CF83 3GG; or by fax to 0845 300 900. Alternatively, contact your HSE office or nearest HSE office for your business.

Incident Contact Centre, Caerphilly Business Park, Caerphilly CF83 3GG; or by fax to 0845 300 900. Alternatively, contact your HSE office or nearest HSE office for your business.

depending on who enforces health and safety for your business.

A

M

P

L

F