



Accident/Incident Report Form

To be completed by the person involved in the incident or someone on their behalf, and passed to the school's responsible person; in case of pupils the form will be completed by the responsible adult. The form should be completed as soon as possible and no later than 24 Hours afterwards. **Please Write Clearly.**

Name of Person Involved:

School:

- Staff
 Visitor
 Contractor
 Student

Other:

When and where did the Incident Occur?

Date: _____ **Time:** _____

Where: _____

Did the incident result in any injury? YES / NO

Accidents:
 After the accident did you go:
 Back to Work
 Home

 Other

Describe the Incident, including details of location, any equipment you were using at the time and who you notified of the incident:

Type of injury:	Part of body affected:
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Type of Incident (Tick as Applicable)	Details of Witnesses				
<input type="checkbox"/> Manual handling <input type="checkbox"/> Slips & trips <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Fall from height <input type="checkbox"/> Cut by sharp object <input type="checkbox"/> Equipment <input type="checkbox"/> Needle-stick <input type="checkbox"/> Struck by/against <input type="checkbox"/> Assault <input type="checkbox"/> Chemicals <input type="checkbox"/> Scalding <input type="checkbox"/> Property damage <input type="checkbox"/> Biological agent <input type="checkbox"/> Road accident <input type="checkbox"/> Vandalism <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name:</td> <td style="width: 50%; padding: 5px;">Position:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Name:	Position:		
Name:	Position:				

Treatment/Advice given after the Accident:
 Seen in Hospital
 GP
 First Aider

 Other

Name:	Signature:	Date:
Manager:	Signature:	Date:

NB: All accidents/incidents must be thoroughly investigated using the provided form at the back.



Accident/Incident Investigation Form

To be completed by the Investigating Team Officer for every accident, high risk near misses and anything that is reportable under RIDDOR regulations.

Please Write Clearly.

Date and Time of Accident:	Person Involved and school:
Describe the accident and what caused it: Accident N° <i>(from accident book)</i>	

Give brief details on any injuries reported at the time or consequently:

RIDDOR reporting required: Specified Injury Dangerous Occurrence

Staff accidents: Did the accident result in an absence of a full day or more? Yes No

(If Yes, please remember to report if the person is off work for over 7 days, by using the online service as soon as is possible and no later than 15 days)

Immediate causes:	
Equipment failure <input type="checkbox"/>	Use of substance <input type="checkbox"/>
Work environment <input type="checkbox"/>	Transport <input type="checkbox"/>
Human factors <input type="checkbox"/>	Workplace <input type="checkbox"/>

Root Causes:		
Production pressure <input type="checkbox"/>	Lack of Maintenance <input type="checkbox"/>	Lack of communication <input type="checkbox"/>
Unclear SSOW <input type="checkbox"/>	Lack of H&S Monitoring <input type="checkbox"/>	Lack of Training <input type="checkbox"/>
Inadequate RA <input type="checkbox"/>	Supervision <input type="checkbox"/>	PTW not followed <input type="checkbox"/>

What actions have been taken to prevent a similar occurrence or reoccurrence? Include details of any training given or remedial work carried out or requested:

Action taken:					
Scene inspected	<input type="checkbox"/>	Witnesses interview	<input type="checkbox"/>	Sketch plan enclosed	<input type="checkbox"/>
Employee interview	<input type="checkbox"/>	Photos taken	<input type="checkbox"/>	RIDDOR report	<input type="checkbox"/>

Investigated by: **Date:**

Signature: