

**INCIDENT REPORT FORM IRF**

 **Incident Reference No.       Part 1**

**Part 1 This part is completed by the injured/Affected person, or where this is not possible because of injury or absence, by their Line Manager**

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| **Section 1** What type of incident are you reporting please tick the appropriate box below |
| Accident to an employee | Incident of violence to an employee |
| [ ]  | [ ]  |

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| **Section 2** Who did the Incident Occur to? |
| Mr./Mrs./Ms./Miss | First Name | Surname |
|  |  |  |
| Persons Home Address | Date of Birth |
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| **Section 3** Employee details |
| Role/Occupation: | Payroll No: |
|       |       |
| Service: | Section: |
|       |       |

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| **Section 4** |  |
| Where did the Incident occur (Address)? |  |
|       |  |
| Date of Incident | Time of Incident am/pm |  |
|       |       |  |

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| **Section 5** Who and when did you report the incident to? (Please complete all of the boxes below) |
| To whom reported | Date reported | Time reported am/pm  |
|       |        |        |

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| **Section 6** Details of the incident (please give as much detail as possible about what happened) |
|      Continue on a separate sheet if necessary   |

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| **Section 7** Injuries or property damage (please list the injuries or property damage caused by the incident) |
| e.g. laceration left index finger /broken window                |

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| **Section 8** Please indicate in the boxes provided what protective equipment was being worn at the time; | N/A | [ ]  |
| Safety Shoes | [ ]  | Hard hat | [ ]  | Eye Protection | [ ]  | Hearing Protection | [ ]  | High Viz Clothing | [ ]  |
| Knee Pads | [ ]  | Respiratory Equipment | [ ]  | Safety Harness | [ ]  | ProtectiveGloves | [ ]  | Other(specify) | [ ]  |

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| **Section 9A** For violence reports only what protective measures were in place at the time of the incident? | N/A | [ ]  |
| Personal Panic Alarm (Office) | [ ]  | Protective Screens (Office) | [ ]  | Distant Contact (via email/phone) | [ ]  | Team Lone Working Procedure | [ ]  | Access to a Hazard Marker system | [ ]  |
| Personal Attack Alarm (Agile Staff) | [ ]  | Handheld Device/PDA | [ ]  | Mobile Phone | [ ]  | GPS Vehicle Tracking | [ ]  | Any other security measures (please specify below); | [ ]  |
| Specify other measures |

 I hereby declare that the statements and particulars in my report (part 1) are true, to the best of my knowledge,

 and that no material information within my knowledge has been withheld.

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| Name | Signature | Date |
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**Incident details must be reported to the Health & Safety Team by the injured persons Line manager as soon as possible via telephone followed up by a report by email to your service Health and Safety Advisor**

**Part 2 – Service Investigation**

 **This section must be completed by the Line Manager of the injured/affected person.**

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| **Section 10** First Aid Information |
| Treatment Date: |       | Location: |       |
| Time: (am/pm) |       | Further injuries not already identified |       |
| Treatment Given: |       | Action Taken: |       |
| Name of First Aider: |       |
| Was the Injured Person referred to Accident & Emergency (A+E) / Hospital?  | Yes | [ ]  | No | [ ]  |
| Did the IP follow the referral and attend A&E | Yes | [ ]  | No | [ ]  |
| Was the Injured Person detained in Hospital overnight or longer?  | Yes | [ ]  | No | [ ]  |

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 **Investigation Details:**

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| **Section 11** Violence reports only |
| Perpetrators Name | Perpetrators Address |
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**Please answer all of the questions in the following Sections for all incidents**

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| **Section 12** Other Relevant Information (If known) (i.e. Witnesses Details, Weather Conditions, Extenuating Factors, etc.) |
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| **Section 13** Has a risk assessment been completed for this task/operation? | Yes | [ ]  | No | [ ]  |

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| **Section 14** If No please explain why not in the box provided below |
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| **Section 15** Were all the precautions identified in the risk assessment followed? | Yes | [ ]  | No | [ ]  |

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| **Section 16** If No please explain why not in the box provided below |
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| **Section 17** Has the employee received appropriate training/instructions for the task?  | Yes | [ ]  | No | [ ]  |

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| **Section 18** If No please explain why not in the box provided below |
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| **Section 19** Has this training/instruction been recorded? (If no-please record on the appropriate file) | Yes | [ ]  | No | [ ]  |

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| **Section 20** Please indicate below any actions you propose to take to prevent a similar incident occurring |
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| **Section 21** Is the Incident/Injury/Damage immediately reportable under **RIDDOR?**  | Yes | [ ]  | No | [ ]  |
| **If the incident is reportable under RIDDOR what is the report reference number?** |       |
| If Yes who reported it? | Date Reported? |
|       |       |

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| Name (Block Capitals) | Signature | Date: |
|       |       |       |

**Please forward this Incident Form by email to the Corporate Health & Safety Team for recording and any further consideration/advice.**

**The Incident Reference number MUST be quoted on any Sickness Absence Returns when recording sickness absence in relation to the Injured Person involved in this incident.**

**Part 3**

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| **Section 22** This section is completed by the Health and Safety Team |
|                                     |
| Name | Designation |
|       |       |
| Date:  | Signature |
|       |       |

**Part 4**

**This section must be completed by the Immediate Manager or Person responsible for the Injured Person involved in the incident.**

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| **Section 23** After considering any additional advice provided by the Health & Safety Team in relation to your proposals in section 20, please indicate/confirm below the additional actions you have taken to prevent a similar incident from occurring; |
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| **Section 24** Has the incident resulted in the person involved ceasing work?  | Yes | [ ]  | No | [ ]  |

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| Name (Block Capitals) | Signature | Date: |
|       |       |       |