



Incident / Accident Investigation and Injury Record

HS5(A)

Department/Division _____ Premises/Site _____

Section A - To be completed by individual involved or nominated person

1. Name and Home Address Staff No: Work Tel: Home Tel:		2. Age	3. Male	
		4. Occupation or Status:		
		5. Section or Work Area:		
6. Date and time of occurrence:		7. Date and time reporting:		
Date	Time	Date	Time	
8. Description of incident/accident:				
9. Exact location of incident/accident:		10. Name and address of any witnesses:		
11. Injury details (if any) - please be specific		12. Details of First Aid administered and by whom:		
13. If fall from height state distance:		14. To whom reported:		
15. Signature of Injured (or nominated) person:		16. Name of person recording details:		

Section B - Manager / Supervisor's Report

NB: - If a serious incident or major injury, telephone as directed

When completed, this report may be used by the Authority's Legal Advisors and / or Insurers in connection with any litigation already commenced or anticipated.

17. Report of investigation by Manager / Supervisor - Describe what happened and how. In the case of an accident, state what the injured person was doing at the time.

Tick if continued on a separate sheet

18. Action taken to prevent a recurrence (continue on separate sheet):				19. Action taken by whom:			
20. Was machine involved? (tick box)		Yes		21. If yes name and type of machine		22. Was machine in motion?	
		No				Yes	
		No				No	
23. Was protective equipment issued?		Yes		24. If yes - please list and state if equipment used at time of accident:			
		No					
25. Did injured person?	a) Continue to work		Yes / No	26. Was work authorised?		Yes	
	b) Cease work		Yes / No			No	
	c) Need hospital treatment		Yes / No	27. Number of days lost			
	d) Lose time		Yes / No				
28. a) Normal hours of work:		From	To	28. b) Actual time ceased duty:			
29. Investigating Officer (Signature):						Date	
30. Manager's / Supervisor's (Signature):						Date	

Section C - For Office Use Only

Date received		Cause Analysis					FI	MI	DO	D	L.T.A.
Has HSE been informed?		Has Form 2508 been sent in?		Statistics entered by						Date	