

**Incident / Accident Investigation and Injury Record**

HS5 (A)

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| Department/Division |  | Premises/Site |  |

**Section A – To be completed by individual involved or nominated person**

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| 1. Name and Home Address:    Staff No:  Work Tel:  Home Tel: | | | 2. Age: | | 3. Male |  |
| Female |  |
| 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: | | | | |

Manager/Supervisor’s Report overleaf…

**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.

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| 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 |

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| 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 the machine in motion? | | 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**

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| 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: | |

Human Resources Division (Rev. January 2001)