

**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)