



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	
			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:		

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 <input type="checkbox"/>	No <input type="checkbox"/>	21. If yes name and type of machine		22. Was machine in motion?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Was protective equipment issued?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	24. If yes - please list and state if equipment used at time of accident:			
25. Did injured person?		a) Continue to work		Yes / No	26. Was work authorised?		Yes <input type="checkbox"/>
		b) Cease work		Yes / No			No <input type="checkbox"/>
		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	