

## HS5(B)

# Guidance to the Completion of the Incident / Accident Investigation and Injury Record Form HS5(A)

### Introduction

These notes are intended to assist in the completion of the Incident / Accident Investigation and Injury Record Form (HS5(A)).

HS5(A) enables an employee to report all types of incident/accident, from the most minor injury or near miss through to a major injury, lost time accident or dangerous occurrence.

By good reporting and systematic investigation, the Council will be able to meet its statutory duty, identify risk profiles, observe trends in injury and provide a basis for safety planning.

### How to fill in the Incident / Accident Investigation and Injury Record Form HS5(A)

#### Group/Service Area

Record the name of the group/service area in which the person involved in the incident/accident works, e.g., Chief Executive's/Human Resources.

#### Premises/Site

Record the name and full address of the building (and site, where applicable) at which the person involved in the incident/accident works, e.g., name and full address of the school, name and full address of the home for older people, name of block on a multi-office site and full name and address of site, etc. (record postcode where known).

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

As this section is the Council's legal record, you will need copies for the following:

- (i) the individual;
- (ii) the individual's personal file, Human Resources department;
- (iii) the departmental accident file.

This section is also intended to preserve the right of an employee or other person to report an incident/accident injury. This section may be completed by the individual involved in the incident/accident, or a person nominated to complete the form (e.g., by the person involved in the incident/accident or by a manager), or the person receiving the report, e.g., by telephone.

1. **Name and Home Address** Record the full name and address of the person involved in the incident/accident, including postcode where known (**not** that of the person filling in the form, unless they are one and the same person). This block is also used to record the staff number (if an employee) and home and works (if applicable) telephone numbers of that person.
2. **Age** Record the age of the person involved in the incident/accident at their last birthday.
3. **Sex** Record the sex of the person involved in the incident/accident, as assigned at birth, i.e., male or female (if an accident needs to be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, this a compulsory field that the Corporate Health and Safety Team must complete).

4. **Occupation or Status** Record the occupation or status of the person involved in the incident/accident, e.g., teacher, pupil, student, support at home carer, resident, fitter, mechanic, member of the public, client, etc.
5. **Section or Work Area** Record the normal section or work area of the premises/site (see above) at which the person involved in the incident/accident works, e.g., D&T Department, Health and Safety Team, workshop, etc.
6. **Date and Time of Occurrence** Record the date and time of the incident/accident, e.g., 26.05.22 – 14.30.
7. **Date and Time Reporting** Record the date and time of reporting, e.g., 27.05.22 – 09.00.

**N.B.:** The 24-hour clock system should be used when recording the time.

8. **Description of Incident / Accident** Record an account of the incident/accident in the person's own words. The employee involved has a legal right to report the incident/accident as he or she saw it (1975 Social Security Act). This section is not used to record an investigation.
9. **Exact Location of Incident / Accident** Record the exact location where the incident/accident took place, e.g., in classroom 5 near the window (giving the full name and address of the school), in the living room of the client's home (giving the client's name and full address), in the excavation outside No. 26 (giving the name of the street and village), etc. (record postcode where known).
10. **Name and Address of any Witnesses** Record the name and address of any person or persons who actually witnessed the incident/accident or who may be able to provide information relating to the cause or causes of the incident/accident. It is recommended that, where appropriate, informal statements should be taken from those persons named.
11. **Injury Details (if any) please be specific** Record (where injury has occurred) the type of injury sustained and the part of the body affected, e.g., bruised left knee, cut index finger of left hand, split nail on big toe right foot, dust in left eye. Note: hurt back, bang on head, will not suffice.

On some occasions, the extent of the injury will not be known until medical advice has been provided. On these occasions, the information may be added later.

12. **Details of First Aid administered including by whom** Record the treatment provided by the trained first aider (where applicable), e.g., wound examined, cleaned and adhesive dressing applied to the index finger of right hand, etc.
13. **If fall from a height state distance** With incidents/accidents which involve a fall from above ground level, record the height from which the person has fallen. The measurement should be taken from the body contact point, i.e., feet if the person was standing or knees if kneeling, to the ground or floor level onto which the person has landed.
14. **To whom reported:** Record the occupation or status of the person to whom the accident was reported, e.g., supervisor, line manager.
15. **Signature of injured person (or nominated person):** This person should enter their signature in this section.
16. **Name of person recording details:** This person should enter (print) their name in this section (this may often be the same name as for section 15).

## Section B – Manager’s / Supervisor’s Report

This section enables the Council to meet its statutory duty to investigate reported incidents/accidents and identify their causes.

Identification of unsafe acts or conditions will enable managers to take appropriate remedial action to prevent a recurrence. Should the investigation concern a reportable accident, please refer to the Council’s Policy HS 5 (Reporting of Injuries, Diseases and Dangerous Occurrences) and its Accident Reporting Arrangement Guidelines.

17. **Report of investigation by Manager / Supervisor** Record the details of the investigation into the incident/accident, describing what happened and how and, in the case of an accident, what the injured person was doing at the time, any contributing factors you may be aware of, including any defective equipment or areas of the premises, whether he/she had received appropriate training for the work being undertaken, etc. In the case of a pupil at school who should be under supervision, whether or not the level of supervision was adequate. In the case of members of the public, including pupils at school, whether or not they were taken directly from the scene of the accident to hospital for treatment. This section may be continued on a separate sheet and, where appropriate, accompanied by a sketch, drawing or photographs. If it is necessary to continue on a separate sheet, indicate in this section that this is the case.
18. **Action taken to prevent a recurrence (Continue on a separate sheet if required)** Record the action taken based on accident causes identified during the investigation. If it is necessary to continue the description of the action taken on a separate sheet, indicate in this section that this is the case.
19. **Action taken by whom** Record the name of the person responsible for ensuring that the remedial action identified in Item 18 is carried out.
20. **Was machine involved? Tick Box.** Appropriate boxes should be ticked to record whether a machine was involved in the incident/accident.
21. **If yes, name and type of machine:** If the ‘Yes’ box was ticked – the name and type of machine should be recorded here, e.g., petrol-fuelled hedge trimmer, giving the name of the manufacturer, the model and the serial No.
22. **Was machine in motion?** The appropriate box should be ticked to record whether the machine was in motion at the time of the incident/accident.
23. **Was protective equipment issued?** The appropriate box should be ticked to record whether protective equipment was issued to the injured person.
24. **If yes, list and state if equipment was used at time of accident** If the ‘Yes’ box has been ticked, the details of the protective equipment should be recorded here, e.g., safety shoes, gloves, goggles, safety helmets, etc.  
  
(Personal Protective Equipment is fully defined in the Council’s Policy HS2 – Use of Personal Protective Equipment).
25. **Did injured person?** This is concerned with what happened to the injured person immediately after the incident/accident, and the resulting situation should be indicated by crossing out Y or N (representing ‘Yes’ or ‘No’), as appropriate.
26. **Was work authorised?** The appropriate box should be ticked to record whether or not the work being carried out was authorised.
27. **Number of days lost?** Record the number of days lost as a result of the incident/accident.

On some occasions, this information will not be known until a later date.

- 28(a) **Normal hours of work:** Record the start and finish times the person would be expected to work on the day of the incident/accident.
- 28(b) **Actual time ceased duty:** Record the actual time the person finished work after the incident/accident.
29. **Investigating Officer (Name):** The name of the person who investigated the incident/accident must be entered in this section. The date the name is entered must also be recorded.
30. **Manager / Supervisor (Name):** The name of the manager/supervisor of the person involved in the incident/accident must be entered in this section. The date the name is entered must also be recorded.

### **Section C – For Office Use Only:**

This section is intended for the use of those persons who have a responsibility for maintaining the Council's arrangements for incident/accident recording and for ensuring the external agencies (e.g., Health and Safety Executive – HSE) have been informed, i.e., officers of the Council's Corporate Health and Safety Team, or officers providing admin support to that team.

Completed forms HS5(A) should be sent to the Corporate Health and Safety Team at:

[HealthandSafetyTeam@rctcbc.gov.uk](mailto:HealthandSafetyTeam@rctcbc.gov.uk)