**Incident / Accident Investigation and Injury Record (HS5A)**

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| --- | --- |
| Group/Service Area: Click here to enter text. | Premises/Site: Click here to enter text. |

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

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| --- | --- | --- | --- |
| 1. Name and Home AddressClick or tap here to enter text. | Staff NoClick or tap here to enter text. | 2. AgeClick or tap here to enter text. | 3. SexClick or tap here to enter text. |
| Home Tel NoClick or tap here to enter text. | 4. Occupation or StatusClick or tap here to enter text. |
| Works Tel NoClick or tap here to enter text. | 5. Section or Work AreaClick or tap here to enter text. |
| 6. Date and Time of OccurrenceClick or tap here to enter text. | 7. Date and Time of ReportingClick or tap here to enter text. |
| 8. Description of Incident / AccidentClick or tap here to enter text. |
| 9. Exact Location of Incident / AccidentClick or tap here to enter text. | 10. Name and Address of any WitnessesClick or tap here to enter text. |
| 11. Injury Details (If any) please be specificClick or tap here to enter text. | 12. Details of First Aid administered including by whomClick or tap here to enter text. |
| 13. If fall from a height state distanceClick or tap here to enter text. | 14. To whom reportedClick or tap here to enter text. |
| 15. Signature of injured person (or nominated person)Click or tap here to enter text. | 16.Name of person recording detailsClick or tap here to enter text. |

Manager’s / Supervisor’s report overleaf

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| **Section B – Manager’s / Supervisor’s Report** |
| **NB: - If a serious incident or specified injury, telephone as directed. When completed, this report may be used by the Council’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.Click or tap here to enter text. |
| 18. Action taken to prevent a recurrence (Continue on a separate Sheet if required)Click or tap here to enter text. | 19. Action taken by whomClick or tap here to enter text. |
| 20. Was machinery involved? Tick Box. | Yes |[ ]  21. If yes, name and type of machine.Click or tap here to enter text. | 22. Was machine in motion?  | Yes |[ ]
|  | No |[ ]   |  | No |[ ]
| 23. Was protective equipment issued? | Yes |[ ]  24. If yes, list and state if equipment was used at time of accident. Click or tap here to enter text. |
|  | No |[ ]   |
| 25. Did injured person? | a - Continue to workb - Cease workc - Need hospital treatmentd - Lose time  | Y/N | 26. Was work authorised? | Yes |[ ]
|  |  | Y/N |  | No |[ ]
|  |  | Y/N | 27. Number of days lost? | Click |
|  |  | Y/N. |  |  |
| 28. a) Normal hours of work:Click or tap here to enter text. | FromClick or tap here to enter text. | ToClick or tap here to enter text. | 28. b) Actual time ceased dutyClick or tap here to enter text. |
| 29. Investigating Officer (Name):Click or tap here to enter text. | Date:Click or tap to enter a date. |
| 30. Manager / Supervisor (Name):Click or tap here to enter text. | Date:Click or tap to enter a date. |

Section C - For Office Use Only:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Received  | Cause Analysis |  |  |  | FI | SI | DO | DI | O7DI |
| Has HSE been informed |  | Has the F2508 been sent? |  | Statistics entered by: | Date |