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

|  |  |
| --- | --- |
| 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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name and Home Address  Click or tap here to enter text. | Staff No  Click or tap here to enter text. | | 2. Age  Click or tap here to enter text. | 3. Sex  Click or tap here to enter text. |
| Home Tel No  Click or tap here to enter text. | | 4. Occupation or Status  Click or tap here to enter text. | |
| Works Tel No  Click or tap here to enter text. | | 5. Section or Work Area  Click or tap here to enter text. | |
| 6. Date and Time of Occurrence  Click or tap here to enter text. | | 7. Date and Time of Reporting  Click or tap here to enter text. | | |
| 8. Description of Incident / Accident  Click or tap here to enter text. | | | | |
| 9. Exact Location of Incident / Accident  Click or tap here to enter text. | | 10. Name and Address of any Witnesses  Click or tap here to enter text. | | |
| 11. Injury Details (If any) please be specific  Click or tap here to enter text. | | 12. Details of First Aid administered including by whom  Click or tap here to enter text. | | |
| 13. If fall from a height state distance  Click or tap here to enter text. | | 14. To whom reported  Click 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 details  Click or tap here to enter text. | | |

Manager’s / Supervisor’s report overleaf

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 whom  Click 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 work  b - Cease work  c - Need hospital treatment  d - 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. | | | | From  Click or tap here to enter text. | | | To  Click or tap here to enter text. | 28. b) Actual time ceased duty  Click 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 | | |