

CORPORATE ACCIDENT / INCIDENT / ILL-HEALTH OR NEAR MISS REPORT FORM

Section 1 Person injured / ill / involved in the incident or near miss

Name: _____ Date of Birth: _____ Male Female
Home Address: _____ Tel: _____
Status: Employee Contractor Member of public Visitor Pupil
Job Title: _____
Department: _____
Name of Academy: _____

Section 2 Details of accident / incident / ill-health or near miss

Date of Incident: _____ Time of Incident: _____ am/pm Date of Report: _____
Incident Type: Violence Accident Work related ill-health Near Miss
Location of Incident (Include Establishment name and Location on premises):

Details of Incident or work-related ill-health (Include activity at time, full details of what happened and name of assailant if applicable)

Were they undertaking their normal employment duties Yes No (if No state why)

Section 3 Details of Injury (if applicable)

Description of injury
(Include part of body and nature of injury): _____
Treatment Given: _____ Name of First-Aider: _____
(Tick all appropriate boxes) Is the injured party expected to be absent from work for more than 7 days due to the incident
Was the injured person: Able to continue work Sent home Sent to GP/Dentist Taken to Hospital

Section 4 Details of Person Completing Section 1-3 of this Form

Name: _____ Job Title: _____
(Please Print) _____
Signature: _____ Date: _____

Signature of person involved in the accident / incident / ill health or near miss: _____

Where possible the signature of the person involved in the accident/incident should be obtained to confirm that they have read the completed section of this form and agree that the details above are correct.

Section 5 Investigation

a) Causes

Was the scene of the incident visited? Yes No Have photographs been taken? Yes No (if Yes please attach)

Has any physical evidence been retained? Yes No Has the direct/indirect cause of the incident been identified? Yes No

(Please detail below the causes of the accident, incident or work-related ill-health and any previous relevant incidents)

Continue on a separate sheet as required

b) Names & Status of Witnesses (if any):

Please attach any statements, addresses and other relevant information.)

- 1) _____ Employee Contractor Member of public Visitor Pupil
- 2) _____ Employee Contractor Member of public Visitor Pupil
- 3) _____ Employee Contractor Member of public Visitor Pupil

c) Action taken to prevent recurrence/reduce risk

Action (Detail practical and managerial actions planned or taken)	Person Responsible	Target Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on a separate sheet as required

Section 6 Signatures

	Print Name:	Signature:	Date:
Person Investigating Incident	_____	_____	_____
Reviewed by	_____	_____	_____

It is the responsibility of the line manager to ensure the incident is fully investigated and details recorded on this form before it is submitted to the relevant H&S function.