

ACCIDENT / INCIDENT / NEAR MISS REPORTING FORM



*Compulsory field

A. Accident type* (please circle)

Accident Assault Road traffic Near miss Dangerous occurrence

B. Personal details of injured person*

First name:		Surname:	
Home address:			
Date of birth:		Age (pupils)	
		years	months
Gender:	Male / Female		

Status: (please circle)	Employee Member of Public	Pupil Work experience	Contractor Agency staff	Visitor Volunteer
Job title: (if employee)				Full time / Part time

C. Details of accident/dangerous occurrence

Exact location of where incident occurred* (e.g. site/school name and address)	Specific area within location/building* (e.g. corridor, classroom)
Time (HH:MM) and Date (DD/MM/YY) of accident:	
Describe the circumstances of what exactly occurred* <i>continue on a separate sheet as necessary</i> (please provide as much information as possible including relevant factors, e.g. internal/external floor conditions, weather, other people involved, use of equipment, etc.)	
Was there anything defective within the location that may have contributed towards the cause of the incident? * <i>If no defects, state None applicable</i> (e.g. lack of supervision, defective equipment, the condition of the premises, inadequate supervision)	
Describe the immediate actions taken following the accident/incident*	

<p>Was any first aid treatment given directly, at the location of the accident/incident?* <i>State None if no treatment given</i></p>
<p>Name, address and contact details of any witness(es)* <i>State None if no witnesses</i> <i>(attach witness statement if completed/obtained)</i></p>

D. Details of any injury

Injury type*		Details of part of body affected* <i>(e.g. arm, leg, whole body and include left/right if appropriate)</i>	
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E. Confirmation of injury outcome*

No injury
 Fatal injury
 Sent/taken home
 3-7 days lost time
 Over 7 days lost time
 Returned to normal activity

F. Injured person taken directly to hospital *(Only to be completed if the injured person is taken directly to hospital)*

When was the injured person taken from the accident/incident location? <i>(Date/Time)</i>	
What treatment was given at the hospital? <i>(Examinations and diagnostic tests for not constitute treatment)</i>	

G. Details of person completing the form*

Name:		Job Title:	
Signature:		Date:	

H. To be signed off by member of Senior Leadership* *(to confirm awareness and appropriate investigation undertaken)*

Investigation completed by and date:			
Name:		Job Title:	
Signature:		Date:	

Any serious incidents are notified by telephone immediately or as soon as is reasonably practicable after the incident so that any subsequent RIDDOR report can be completed on behalf of the school by the school's appointed health and safety consultancy, Billington Safety Services.

Pupil incidents that meet the criteria as specified in the HSE guidance EDIS1 must be reported to Billington Safety Services within 24 hours of the incident occurring.

Once completed please hand this form in to your School Business/Office Manager.

For further RIDDOR information and/or HSE Guidance please contact sara@billingtonsafety.com