WIRRAL

M13

Accident Report

Return the original form to your Departmental Health & Safety Officer or Staffing Section

This form is to be used for reporting all incidents connected with work which involve an injury (including an act of physical violence), a dangerous occurrence or a near miss. All sections of this form **must** be completed, with full details, by a Section head/Line Manager/Supervisor or Head teacher.

Circulation List			
Person	Init	Date	Rec'd
Line Manager			
Personal File			
Dept Safety Off			
HSE			

Part 1

About any injured person

If reporting a dangerous occurrence or near miss go to Part 3. If more than one person was injured in the same incident, please attach the details asked for in Part 1 and Part 2 on a separate sheet for each injured person.

1 What is their full name?

2 What is their home address?

Postcode

3 What is their home telephone number?

4 How old are they?

5 Are they Male ☐ Female? ☐

6 What is their job title?

7 Is the injured person: (X the box that applies)

One of your employees? ☐
On a training scheme? ☐
On work experience? ☐
Employed by someone else? ☐
Self-employed and at work? ☐
A member of the public? ☐
A pupil? ☐

8 Employee Number

9 Is/was the person absent from work as a result of the injury?

Yes ☐ No ☐

10 On the date of the accident, between what hours:

(a) Did the injured person expect to work?
from ☐ to ☐

(b) Did the injured person actually work?
from ☐ to ☐

Part 2

About any injury

1 What was the injury? (eg fracture, laceration)

2 What part of the body was injured?

3 Was the injury (X in the box that applies):

A fatality? ☐
A major injury or condition? (see accompanying notes) ☐
an injury to an employee or self-employed person which prevented them from doing their normal Work for more than 3 days (including non-work days)? ☐
an injury to a member of the public which meant they had to be taken from the scene of the Accident to a hospital for treatment? ☐

4 Did the injured person (X all the boxes that apply):

Become unconscious? ☐
Need resuscitation? ☐
Remain in hospital for more than 24 hours? ☐
None of the above? ☐

Part 3

About the incident

1 On what date did the incident happen?

2 At what time did the incident happen? (Please use 24 hr clock, eg 0600)

3 Where did the incident happen? State the address and postcode of the premises

Postcode

4 Where on the premises did the incident happen?

5 On what date were details of the incident recorded in:

the Accident Book (BI510)

the Pupil Record (M36)

6 If there was a witness, give their name and address.

Postcode

Part 4

Describing what happened

Give as much detail as you can. For instance:

- the name of any substance involved;
- the name and type of any machine involved;
- the events that led to the incident;
- the part played by any people;
- Whether a risk assessment had been completed.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

Part 5

About the kind of accident

Please X the one box that best described what happened.

1	Contact with moving machinery or material being machined	☐
2	Hit by a moving, flying or falling object	☐
3	Hit by a moving vehicle	☐
4	Hit something fixed or stationary	☐
5	Injured while handling, lifting or carrying	☐
6	Slipped, tripped or fell on the same level	☐
7	Fell from height	☐
	How high was the fall? ☐ Metres	
8	Trapped by something collapsing	☐
9	Drowned or asphyxiated	☐
10	Exposed to, or in contact with, a harmful substance	☐
11	Exposed to fire	☐
12	Exposed to an explosion	☐
13	Contact with electricity or an electrical discharge	☐
14	Injured by an animal	☐
15	Physically assaulted by a person	☐
16	Another kind of accident (as described in Part 4)	☐

Part 6

About you

1 **What is your full name:**

2 **What is your Post Number and Job Title?**

3 **What is your work telephone number?**

4 **What is your work address?**

Postcode

5 **Your signature**

Date

Part 7

Action taken to prevent recurrence

Part 8

Safety Officer's comments.

5 **Signature**

Date

Any Forms Submitted Incomplete Will be Returned