(Accident, assault, near-miss or theft from employee)

Please PRINT, write clearly and in black ink. Small numbers (2) refer to guidance on ACR4 pad cover

THE PERSON AFFECTED

Surname				Foren	ame				
Department /				Section	n		TTAGE 1		
Date of//_	Sex M	M / F Race Ethnic Origin ⁽²⁾ (Staff only)		0	Job Title				in the second
Home Address	- SET 5		Work Tel.	Non-Fi	Personal Spin				
Contractor's company address				The same		= 5 mas			
Which of the following car	tegories describe	s the person a	affected (Tick approp	oriate box	c. One only)			
Council Personnel	Other Employee / Temp			Contracto	or	Customer / Client		Client	
Early Years / Primary School	Student / Secondary School			Out / Day-Patient (Social Services on		t nly)	General Public		
If student / early years, w	hat level of super	rvision was in	force? (3)						
Has a parent or guardian		Yes / No		what time	?		What date?		
Name of parent or guarding B. DESCRIF	PTION OF	ACCIDE	NT, AS	SSAUL	T, N	EAR-MIS	S OR R	OBBEI	ŧΥ
B. DESCRIF	PTION OF	Exact Location (Address and w	n ⁽⁴⁾ vhere	SSAUL	T, NI	EAR-MIS	S OR R	OBBE	RY .
B. DESCRIF Date of incident Time	PTION OF	Exact Location (Address and w in building / on-	n ⁽⁴⁾ vhere	SSAUL	T, NI	EAR-MIS	S OR R	OBBE	RY
B. DESCRIF Date of incident Time Materials/Substance/Che	PTION OF	Exact Location (Address and w in building / on-s escription) (5)	n ⁽⁴⁾ there site)	SSAUL	T, N	EAR-MIS	S OR R	OBBEI	RY.
B. DESCRIF Date of incident Time	PTION OF	Exact Location (Address and w in building / on-s escription) (5)	n ⁽⁴⁾ there site)	SSAUL	T, NI	EAR-MIS	S OR R	OBBE	RY
B. DESCRIF Date of incident Time Materials/Substance/Che Extent of damage to pro	PTION OF	Exact Location (Address and win building / on-sescription) (5)	n (4) where site)						Y
B. DESCRIF Date of incident Time Materials/Substance/Che	PTION OF	Exact Location (Address and win building / on-sescription) (5)	n (4) where site)						RY
B. DESCRIF Date of incident Time Materials/Substance/Che Extent of damage to pro	PTION OF	Exact Location (Address and win building / on-sescription) (5)	n (4) where site)						RY
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If necessary, continue on another sheet and append to this form, adding name of person injured and date of incident.

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	incident (8)									
What were the inju	uries sustained	1? (e.g. cut to I	head, fractu	re to left foot,	, abrasion to	right elbow	, strain/sprain	to wrist, etc)		
Who carried out tr	eatment2 ⁽⁹⁾ (e	a first aider d	octor nurse	counsellor	narent tea	cher membe	er of public, o	ther)	B. Mari	
The same sat is	outmont. To	g. mot aldor, a	ootor, nardo	, dodnoonor,	paroni, tou		or or passio, or			
Where treated? (e	.g. at work, hos	oital, GP)			100		4-1			
How many hours v	were spent at t	the hospital?		-		Las	st tuition time			
D. NOTI	FICATIO	N								
Has the Health & S	Safety Executi	ve been infor	med? (For	m F2508) ⁽¹⁰⁾)	100			Yes / No	
Has Medicines & F	Healthcare Re	gulatory Ager	ncy been in	nformed? (F	ailed device	es and healt	thcare product	's)	Yes / No	
If an assault (verba	al or physical)	, who was the	attacker?	(Tick appro	priate box.	One only)		6 - 4 (4), - i-		N. S.
An employee		Parent		Student		Pupil		Recent ex-pupil		
Contractor	Customer	/Client	Patier	nt	Public		Intruder	Not	known	
of witness(s) to the ncident ⁽¹²⁾ Have Council insu		fied? ⁽¹³⁾		Yes	/ No	Have the p	oolice been i	nformed?	Yes	/ N
		uea?		Yes			dent Numbe		res	/ 1
Name of Police Of						100	F 2			
Name of Police Of								The second second		
Form completed by	y: (print)	NAME OF TAXABLE PARTY.	AND THE			Signatu	ure:			
Form completed b										
Form completed b	d is an employe					his form, the	home addres	ss of the perso		ing
Form completed by Job Title: If the person affected the form must be ent	d is an employe					his form, the	home addres			ing
Form completed by Job Title: If the person affected the form must be entered the Home address:	d is an employe	guired under th	e Social Sec	curity (Claims	s & Paymen	his form, the	e home addre ons 1979)	Post Cod		ing
Form completed by Job Title: If the person affected the form must be entered the Home address:	d is an employed tered here. (Rec	T ACTIO	e Social Sec	curity (Claims	s & Paymen	his form, the	e home addre ons 1979)	Post Cod		ing
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