

INTERNAL ACCIDENT-INCIDENT REPORT FORM

(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

A. THE PERSON AFFECTED											
Surname						Forename					
Department / Division ⁽¹⁾						Section					
Date of Birth	___/___/___	Sex	M / F	Race Ethnic Origin ⁽²⁾ (Staff only)			Job Title				
Home Address							Work Tel.				
Contractor's company address											
Which of the following categories describes the person affected (Tick appropriate box. One only)											
Council Personnel				Other Employee / Temp				Contractor			
								Customer / Client			
Early Years / Primary School				Student / Secondary School				Out / Day-Patient (Social Services only)			
								General Public			
If student / early years, what level of supervision was in force? ⁽³⁾											
Has a parent or guardian been informed?				Yes / No		If 'Yes', what time?				What date? ___/___/___	
Name of parent or guardian informed											

[illegible]

If necessary, continue on another sheet and append to this form, adding name of person injured and date of incident.

C. INJURY AND TREATMENT

Activity at time of incident ⁽⁸⁾			
What were the injuries sustained? (e.g. cut to head, fracture to left foot, abrasion to right elbow, strain/sprain to wrist, etc)			
Who carried out treatment? ⁽⁹⁾ (e.g. first aider, doctor, nurse, counsellor, parent, teacher, member of public, other)			
Where treated? (e.g. at work, hospital, GP)			
How many hours were spent at the hospital?		Last tuition time	

D. NOTIFICATION

Has the Health & Safety Executive been informed? (Form F2508) ⁽¹⁰⁾		Yes / No			
Has Medicines & Healthcare Regulatory Agency been informed? (Failed devices and healthcare products)		Yes / No			
If an assault (verbal or physical), who was the attacker? (Tick appropriate box. One only)					
An employee	Parent	Student	Pupil	Recent ex-pupil	
Contractor	Customer/Client	Patient	Public	Intruder	Not known
Who was first employee notified of the incident? ⁽¹¹⁾					
Name and address of witness(s) to the incident ⁽¹²⁾					
Have Council insurers been notified? ⁽¹³⁾		Yes / No	Have the police been informed?	Yes / No	
Name of Police Officer		Police Incident Number			

Form completed by: (print) _____ Signature: _____

Job Title: _____

If the person affected is an employee/person at work but is not the person completing this form, the home address of the person completing the form must be entered here. (Required under the Social Security (Claims & Payments) Regulations 1979)

Home address: _____ Post Code: _____

E. MANAGEMENT ACTION / COMMENT (Must be completed)

Management inquiry conducted by (print)			
Job Title			
Is there to be an immediate review of the relevant risk assessments following this incident?	Yes / No		
What management action has been taken to prevent this happening again? ⁽¹⁴⁾			
Signature: _____ Date: ____/____/____ Tel. for contact: _____			