



# Report of flammable gas incidents

## Explanatory notes

1. This form should be used to report to HSE incidents that have arisen from the use of either natural gas or liquefied petroleum gas (LPG) and have caused fatal or major injuries\* to gas consumers either through the acute symptoms of carbon monoxide poisoning or the effects of fires or explosions after gas escapes have occurred.  
\* Major injuries include any that have led to unconsciousness, or the need for hospitalisation for more than 24 hours.
2. Form F2508G2 should be used to report gas appliances or installations that are regarded to be dangerous after examination or test, but have not actually led to deaths or major injuries.
3. Form F2508 should be used to report any deaths or major injuries arising from the use of gas involving persons whilst at work.

## Part A

### About you and your organisation

1. What is your full name?

2. What is your job title?

3. What is the name of your organisation?

4. How can we contact you if we need more information about the incident?

Your telephone/fax number

## Part B

### About the incident

1. What was the main cause of the incident?

- exposure (to carbon monoxide)?
- other exposure (eg to unburnt gas)?
- fire or explosion?

2. Where did the incident happen?  
Address and post code

3. Did the incident happen in a building?

- no
- yes - what type of building?
  - house
  - flats (four storeys or less)
  - flats (more than four storeys)
  - bungalow
  - maisonette
  - other

What type of room?

- kitchen
- bathroom
- bedroom
- lounge
- dining room
- other room

## Part C

### Summary of incident

Please give a summary of the incident. If possible include any known details of police involvement, hospitals to which affected persons have been sent, and the gas supplier for the premises.

4. When did the incident happen?

5. What is the name of the person living in the premises? (if they cannot be contacted, please give the name address and telephone number of a relative or friend who can)

6. Were the premises rented?

yes     no

If so, what is the name, address and telephone number of the landlord or their managing agent?

7. How many people died?

How many suffered major injuries?

8. Please give details of the people who died or suffered major injuries.

## Part D

Your signature

Signature

Date

**Please send this form to:**

**Incident Contact Centre, Caerphilly Business Centre,  
Caerphilly Business Park, Caerphilly, CF83 3GG.**

**or email to [riddor@connaught.com](mailto:riddor@connaught.com)**

**or fax to 0845 300 99 24**

For official use

Client number

Location number

Event number

INV     REP     Y     N

Please continue on this page if necessary