



Report of an injury or dangerous occurrence

Filling in this form

This form must be filled in by an employer or other responsible person.

Part A

About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

About your organisation

4 What is the name of your organisation?

5 What is its address and postcode?

6 What type of work does the organisation do?

Part B

About the incident

1 On what date did the incident happen?

2 At what time did the incident happen?

(Please use the 24-hour clock eg 0600)

3 Did the incident happen at the above address?

Yes Go to question 4

No Where did the incident happen?

elsewhere in your organisation – give the name, address and postcode

at someone else's premises – give the name, address and postcode

in a public place – give details of where it happened

If you do not know the postcode, what is the name of the local authority?

4 In which department, or where on the premises, did the incident happen?

Part C

About the injured person

If you are reporting a dangerous occurrence, go to Part F. If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1 What is their full name?

2 What is their home address and postcode?

3 What is their home phone number?

4 How old are they?

5 Are they

male?

female?

6 What is their job title?

7 Was the injured person (tick only one box)

one of your employees?

on a training scheme? Give details:

on work experience?

employed by someone else? Give details of the employer:

self-employed and at work?

a member of the public?

Part D

About the injury

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

2 What part of the body was injured?

3 Was the injury (tick the one 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 doing their normal work for more than 3 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 (tick all the boxes that apply)

- become unconscious?
- need resuscitation?
- remain in hospital for more than 24 hours?
- none of the above.

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- Contact with moving machinery or material being machined
 - Hit by a moving, flying or falling object
 - Hit by a moving vehicle
 - Hit something fixed or stationary
-
- Injured while handling, lifting or carrying
 - Slipped, tripped or fell on the same level
 - Fell from a height
- How high was the fall?
- metres
-
- Trapped by something collapsing
-
- Drowned or asphyxiated
 - Exposed to, or in contact with, a harmful substance
 - Exposed to fire
 - Exposed to an explosion
-
- Contact with electricity or an electrical discharge
 - Injured by an animal
 - Physically assaulted by a person
-
- Another kind of accident (describe it in Part G)

Part F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the [notes which accompany this form](#))

Part G

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.

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 H

Your signature

Signature

Date

Where to send the form

Incident Contact Centre, Caerphilly Business Centre,
Caerphilly Business Park, Caerphilly, CF83 3GG.
or email to riddor@connaught.com or fax to 0845 300 99 24

For official use

Client number

Location number

Event number

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Please continue on this page if necessary