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| **GWASANAETHAU IECHYD A DIOGELWCH / HEALTH AND SAFETY SERVICES** | | | | | | | | |
| **ACCIDENT / INCIDENT (EVENT) REPORTING FORM**  Complete this Form for **ALL** accidents and incidents (*whether someone was injured or not and preferably by an appropriate Health & Safety Coordinator or Line Manager*). **The completed Form MUST then be sent to Health and Safety Services WITHIN 7 days of the event.** A copy MUST also be held locally.  The information on this form will be dealt with in accordance with our Data and Privacy Statement. Further information can be found on our website. | | | | | | | | |
| **PART A** | | | | |  | **PART B – ABOUT THE EVENT** | | |
| 1. Name of Injured Person (in full)\* | | | | |  | 1. Date of Event  Click here to enter a date. | | |
|  | | | | |  |  | | |
| 2. Age of Injured Person\* | | | | |  | 2. Time of Event (incl. AM / PM) | | |
|  | | | | |  |  | | |
| 3. Department / College / School | | | | |  | 3. Location of Event (incl. building, room, area) | | |
|  | | | | |  |  | | |
| 4. Person’s Contact Number or Email\* | | | | |  | 4. If injured was the person allowed to be here? | | |
| YES | | NO |
|  | | | | |  |  | | |
| 5. Home Address (in full) & Postcode\* | | | | |  | 5. Name and Contact Details of Witnesses | | |
|  | | | | |  |  | | |
| 6. Job Title / Student (incl. course) / Visitor / Contractor\* | | | | |  | 6. Name of Supervisor in charge (if applicable) | | |
| *\* where applicable* | | | | |  |  | | |
| **PART C – ABOUT THE INJURY (if any)** | | | | |  | **PART D – ABOUT THE ACCIDENT / INCIDENT** | | |
| 1. Was the person injured | | | | |  |  | An Incident | |
| YES | | | NO | |  |  | A Near Miss | |
|  | | | |  |  |  | **An injury caused by:** | |
| 2. If **YES** what part of the body was injured | | | | |  |  | An animal | |
|  | Contact with electricity / static electricity | |
|  | Exposure to an explosion | |
|  | | | | |  |  | Slip, trip or fall on same level | |
| 3. If **YES** what did the injury involve | | | | |  |  | Slip, trip or fall on stairs or steps | |
|  | Minor e.g. bruise, cut, sprain | | | |  | Fall from height. **How high:** | |
|  | Major e.g. fracture, break, amputation | | | |  |  | Exposure to fire | |
|  | Other | | | |  |  | Handling, lifting, carrying activity | |
| Please describe if ‘Other’ | | | | |  |  | Injury when handling glass or sharps | |
|  | Injured when using hand tools / equipment | |
|  | Contact with hot / cold surfaces | |
|  | | | | |  |  | Contact moving machinery / item being machined | |
| 4. If **YES** did the injury result in (tick box) | | | | |  |  | Exposure to harmful substance / material | |
|  | | A Staff member being off work | | |  | Participation in a sports activity | |
|  | | A Student / Visitor being taken to hospital | | |  | Traffic accident or vehicle | |
|  | | None of the above | | |  | Hit by a moving or flying / falling object | |
|  | | | | |  |  | Hitting something fixed or stationary | |
| 5. If a Staff member has been off work due to the injury please provide dates they have been off work: | | | | |  |  | Physical assault by a person | |
|  | Threat or verbal abuse by a person | |
| **From:**  **Click to enter date** | | | | **To:**  **Click to enter date** |  | Another kind of assault (describe in E) | |
|  |  | |
|  |  | |
|  | Tick if still off at time of submitting Form | | | |  |  |  | |
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|  | | | | |  |  |  | |
| 6. Did the injured person (tick ALL applicable boxes) | | | | |  |  | | |
|  | | Become unconscious | | |
|  | | Need resuscitation | | |  |  | | |
|  | | Remain in hospital for more than 24 hrs | | |  |  | | |
|  | | None of the above | | |  |  | | |
|  | | | | |  |  | | |
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**PART E – DESCRIBE WHAT HAPPENED**

Give as much detail as possible e.g. what the person was doing, substance / equipment involved, the events that led to the accident / incident. If a slip, trip or fall, please consider surface conditions, the weather at the time (if outside), the footwear the person was wearing and if they were carrying any items.

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**PART F – DETAILS OF THE PERSON COMPLETING THE ACCIDENT / INCIDENT FORM**

Name:

Job Title:

College / Department:

Contact Details:

Signature:

Name & Signature of Injured Person (if possible):

**Note:** Please return this Form to Health and Safety Services, Penbre, College Road AND send a copy to your Health & Safety Coordinator or Line Manager.

**PART G – ACCIDENT / INCIDENT INVESTIGATION**

* All accidents and incidents which occur at the University or whilst on University led activity MUST be investigated.
* The amount of time and resources spent on the investigation should reflect the seriousness or potential seriousness of the accident / incident, it DOES NOT just depend on whether someone was injured. Further guidance can be found on the Website.
* An investigation should ascertain the following:
* Collect / preserve evidence. **Take pictures if possible.**
* Who was involved or injured (if anyone)?
* When did the accident / incident occur?
* Where did the accident / incident occur?
* How did the accident / incident occur?
* Why did the accident / incident occur?
* The action to take to prevent it happening again.

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| Name of Person(s) undertaking the Investigation: |  |
| Date of Investigation: | Click here to enter a date. |
| Names of person(s) interviewed (witnesses): |  |
| Who was involved / injured? |  |
| When did the Accident / Incident occur? | Click here to enter a date.  Time: |
| Where did the Accident / Incident occur? |  |
| How did the Accident / Incident occur, what happened? |  |
| What caused the Accident / Incident i.e. contributory factors? |  |
| What action will be taken to prevent the Accident / Incident happening again? |  |