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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 EventClick 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 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |
| 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? |  |