



Accident/Incident Report form

This document is for reporting injuries, dangerous occurrences and other near misses including exposure to harmful substances, accidental damage to property, other accidents and incidents of violence or aggression to staff or others. This form should be filled in as soon as possible following the incident. It may not be possible to take a statement from the person involved before sending this to the Good for the Soul Project Manager.

Part A – Incident details	
Date of the Incident	Time of the Incident (24 hour clock)
Address and location where the Incident occurred	
Part B – details of individual involved in the incident	
Persons full name	
Home address and post code of individual involved in the incident	
Home phone no./ Mobile	
Date of birth	
Male or female (please state)	
Job title & Section (where they are an employee)	
Status of the person involved in the incident (please tick one box only) (tick)	
Artist	<input type="checkbox"/>
Workshop Participant	Details <input type="checkbox"/>
Staff Member/Group leader	Details <input type="checkbox"/>
Employed by someone else	Details <input type="checkbox"/>
A member of the public	Details <input type="checkbox"/>
Part C – About the injury or incident	
What was the injury or incident? e.g. a fracture, eye injury, burn, etc. (please state)	
What part of the body was injured? e.g. right leg (please state)	
Did the injured person (please tick as applicable) (tick)	
Become unconscious?	<input type="checkbox"/>
Need Resuscitation?	<input type="checkbox"/>
Attend hospital for treatment?	<input type="checkbox"/>
Remain in hospital for more than 24 hours?	<input type="checkbox"/>
None of the above (a description of the incident can be given in part E)	
Have Risk Assessments (e.g. General, Manual Handling etc) been completed for this activity	
Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick). Where Yes, please state the reference number(s).	
Please state, where applicable, the Personal Protective Equipment (PPE) worn during the incident.	
Please state the environmental conditions at the time of the incident (e.g. high winds/rain etc.)	
Immediate preventative action: Describe what immediate preventative action has been taken to prevent further injury/loss or recurrence or first aid given.	

Part D – About the kind of accident / incident

Please tick the box which best describes what happened to the individual. (tick)		
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	<i>Please state the distance in metres</i>	
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		
Violence and Aggression or physically assaulted by a person		
Another kind of accident/incident (describe this in part E)		

Part E – Describing what happened

Give as much detail as you can, covering; the name of any substance/machinery etc. involved, the events leading up to the incident, any parts played by other people, general comments about the environment in which the incident happened and any protective equipment worn by the individual. This section is filled in for all incidents including those involving violence and aggression.

Statement of Individual involved with the incident (continue on separate sheets where necessary)

Full name		Date		Signature	

Witness Statement (give full details and continue on separate sheets where necessary)

Full name		Date		Signature	

Project Manager's Investigation (Provide notes and conclusions of investigation, stating recommendations and immediate/planned action required. Identify whether the task was covered by a risk assessment and if this assessment was suitable and sufficient). Continue on separate sheets where necessary

Full name		Date		Signature	

