



Office Use only

# INCIDENT / ACCIDENT REPORT

## Serious incidents need to be reported to Directors Immediately

This form should be used to report on incidents that have occurred that have or could have caused injury of ill health. Completed forms should be forwarded to the Directors within 24 hours of the incident.

### PART A – To be completed by person involved in the incident/accident – or representative

#### Details of person that had the accident / incident

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender : M  F   
 Staff  Student  Visitor  Contractor Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Contact No. – daytime: \_\_\_\_\_  
 Contact No. – after hours: \_\_\_\_\_

#### Details of witnesses or others involved (if insufficient space please attach further details)

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_ Contact Details: \_\_\_\_\_  
 Name: \_\_\_\_\_ Involvement: \_\_\_\_\_ Contact Details: \_\_\_\_\_

#### Details of injury – if any were sustained:

Nature of injury: \_\_\_\_\_ Body location: : \_\_\_\_\_  
 Treatment provided:  No treatment  First Aid  Doctor  Ambulance  Hospitalisation  
 Did the injured person cease duties as a result of the incident?  Yes  No If yes, duration \_\_\_\_\_ hr / days

#### Details of the incident / accident:

Location: \_\_\_\_\_ Area (ie building/ room): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Description of accident/ incident – include information on activity / task / procedures / equipment / protective clothing

Contributing factors to accident / incident:

#### Details of injury notification:

Reported To Name (print): \_\_\_\_\_ Management Unit / Department: \_\_\_\_\_  
 Reported By Name (print): \_\_\_\_\_ Management Unit / Department: \_\_\_\_\_  
 Signature: ..... Date: \_\_\_\_\_ Time \_\_\_\_\_

### PART B – To be completed by Head of Management Unit / Department

#### Summary of investigation – Refer to incident investigation procedure

Investigation Completed : Date \_\_\_\_\_ Time: \_\_\_\_\_ Risk Ranking: \_\_\_\_\_  
 Interim Action Taken \_\_\_\_\_

Long term action planned \_\_\_\_\_

Person:	Date:	Verified complete

**Retain document for a period of at least five years – Where required HSE(NI) RIDDOR Form should also be completed**