**Health and Safety Incident Report**

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| **Operating Business** |  | **Development name** |  |
| **COINS No.** |  |
| **Site Address**  |  | **Incident date** |  |
| **Incident time** |  |
| **Site Manager\*** |  | **Contact no.** |  |

\*Or, Shift Supervisor (manufacturing), Line Manager (non-site based)

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| **Person Completing Form (must not be Injured Person )**  |
| **Name** |  | **Position** |  | **Contact no.** |  |

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| **Incident Reported By** [✓] |
| Employee [ ] | Contractor [ ] | Member of public [ ] | Other [ ] |
| **Reporter details** |  |

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| **Injured Person (or persons involved in the incident)** |
| **Full Name**  |  |
| **Address** |  |
| **Telephone number** |  |
| **Date of Birth**  |  | **Age**  |  |
| **Employee Status [✓]** | [ ] Company Employee[ ] Contractor [ ] Member of Public  | [ ] Self Employed/ labour only [ ] Apprentice[ ] Agency |
| **Occupation/ trade** |  |  |
| **Employers Name and Address (if not company employee)** |  |
| **Employers Telephone Number (If not company employee)** |  |

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| **Type of Incident [✓]** |
| [ ] Slip / Trip[ ] Fall – Below 2 mts[ ] Fall – Above 2 mts[ ] Step on object[ ] Manual handling[ ] Use of hand tool[ ] Use of power tool[ ] Falling object[ ] Structure Collapse | [ ] Striking object[ ] Hit by moving object[ ] Electric shock[ ] Electric burn[ ] Other burn[ ] Excavation collapse[ ] Respiratory[ ] Chemical[ ] Eye injury | [ ] Strike underground services[ ] Contact with overhead power[ ] Plant Movement[ ] Transport[ ] Fire[ ] Medical Condition[ ] Failure of lifting Equipment[ ] Assault[ ] Other- provide full details below |

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| **Factual details: work being undertaken, equipment/machinery being used, injuries sustained (include details of body area) etc.** |
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| **Exact location where the incident occurred (Include the nearest plot number if possible)** |
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| **Action taken/ instructions given by site management** |
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| **Known/ suspected results of the injury** |
| **RIDDOR REPORTABLE** [ ] Fatality[ ] Major/ specified injury[ ] Over 7 day absence[ ] Non-worker (e.g. member of the public), taken directly from the scene of the accident to hospital[ ] Dangerous occurrence[ ] Reportable disease | **NON RIDDOR REPORTABLE**[ ] Over 3 day but less than 7 day absence[ ] No time lost but injuries sustained[ ] Near miss[ ] **\*** Plant/equipment damage[ ] **\*** Property/vehicle damage**\*** Please indicate cost to repair damage**: £** |
| **Was first aid administered on site: YES / NO - If yes by Whom** |  |

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| **Witness details – ensure completion of injured person /witness account of events forms** |
| 1 : Name :Address :Telephone No: | 2: Name :Address :Telephone No: | 3: Name :Address :Telephone No: |

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| **Notifications** [✓] |
| Contract Manager [ ] |  HS&E Advisor [ ]  | Senior Management [ ] | MD’s PA and Construction Secretary [ ] |

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| **FOR GROUP HEALTH, SAFETY & ENVIRONMENT ADVISOR TO COMPLETE** |
| **Claims Administrator advised : Yes/No****RIDDOR incident no: (If Applicable)**Ensure a copy of the RIDDOR repot (F2508) sent to the HS&E Administrator |