**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 |