HHS Accident/Near Miss Report Form
Private and Confidential

<table>
<tr><td colspan="2">Injured/affected person
Surname

Forename(s)

Sex: M [ ] F [ ]

Child: [ ] Adult [ ]</td><td colspan="2">Address of injured/affected person (or address of employer if contractor)

Post code Tel no.</td></tr>
<tr><td>Date of incident</td><td>Time of incident</td><td>Date reported</td><td>Time reported</td></tr>
<tr><td colspan="2">To whom was the incident reported?
Name:

Position:</td><td colspan="2">Occupation of injured/affected person</td></tr>
<tr><td colspan="4">If an injury has been sustained, please state precise nature of injury and part of body injured (where applicable state left or right). If reporting a near miss please confirm that no injury was sustained.</td></tr>
<tr><td colspan="3">Where did the incident occur?</td><td>Was first aid given?
Yes/No
If Yes provide details in the box below</td></tr>
<tr><td colspan="4">Accurately describe the circumstances of the incident and provide details of any vehicles, equipment or tools involved. Please attach a sketch or photographs if appropriate. If an injury is sustained, please provide details of the cause and indicate the first aid treatment rendered. If the injured person has been hospitalised, say where and when.</td></tr>
<tr><td colspan="4">Does the incident warrant a review of task-specific risk assessments? Yes/No
Where no risk assessment exists does one need to be produced? Yes/No</td></tr>
</table>

<table>
<tr><td colspan="3">Action taken to prevent a recurrence of incident</td></tr>
<tr><td colspan="3">Name and address of witness</td></tr>
<tr><td colspan="3"><u>Employee Incidents Only</u>
Is the injured person absent from work? Yes/No Date of ceasing work: ……………………………….
Time of ceasing work:…………………………………..
If No, is absence anticipated? Yes/No</td></tr>
<tr><td colspan="2">Normal working hours on day of incident:

From: ……………………… To:……………………….</td><td>Was the person doing something authorised or permitted for the purpose of his/her work? Yes/No</td></tr>
<tr><td>Date:</td><td>Name of Employee:

(If employee or contractor incident)</td><td>Signature of employee:</td></tr>
<tr><td>Date:</td><td>Name of Supervisor:</td><td>Signature of supervisor:</td></tr>
</table>

Is this an Incident that should be reported under RIDDOR YES NO

To report **work related deaths**, **major injuries** or **over three-day injuries**, **work related diseases** and **dangerous occurrence** (near miss accidents) you should call the Incident Contact Centre (ICC) on 0845 300 99 23 (local rate). We will be sent a copy of the information recorded and we will be able to correct any errors or omissions.

HHS INCIDENT INVESTIGATION

Name of Injured Person:
Date and Time of Accident:

Comments on the circumstances of the accident and confirmation of the conditions at the time of the accident:

Assessor's view as to why the accident happened:
Cause:
Contributory Factors:

Action taken to prevent recurrence of accident:

Documentation Available: *Please forward copies of the documentation to the Corporate Health and Safety Team.*	Yes	No
Pre-accident risk assessment	☐	☐
Post-accident risk assessment	☐	☐
Written information or instruction given to member of staff (including safe working procedures)	☐	☐
Formal training records covering the activity	☐	☐
Detail below the documentation issued together with dates, if known. If there are no records, outline below the verbal instructions that were issued:		
First Aid Record	☐	☐
Photographs of accident scene or sketch of area	☐	☐
Statements of injured persons or witnesses	☐	☐
Meeting at which incident was discussed:		
Additional Information:		
Signed:……………….…………………………………………… *Investigating Officer*	Date:……………………	

<u>**WITNESS STATEMENT**</u>

Witness Statement of:	**Position:**

I hereby state that the contents of this, my statement, are true to the best of my knowledge and belief.

Signed: **Date:**