



Report No. **S1/**

### INCIDENT REPORT AND INVESTIGATION SUMMARY

**SECTION A: Completion by - Injured Person/First-aider/Reporting Party**

**DEPT/LOCATION:** \_\_\_\_\_

**Type of incident (including work related ill health)**

Fatal <input type="checkbox"/>	Major Injury <input type="checkbox"/>	Over 3 day <input type="checkbox"/>	Over 1 shift <input type="checkbox"/>	Work related ill Health <input type="checkbox"/>	No Absence <input type="checkbox"/>	Dangerous Occurrence <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Property Damage <input type="checkbox"/>
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(Complete sections below as relevant)

**Details of injured / ill health Person**

Name  (If person is not an employee please supply address or employers address)

M/F  Age  Payroll No.

Status of Person  Employee  Contractor  Trainee  Public/Visitor

**Details of Accident / ill Health / Dangerous Occurrence / Near Miss**

Date and Time of Incident  Date and Time Reported  Date and Time Ceased Work

Normal Occupation  Occupation at Time of Incident  Location of Incident  Experience in job

Details of injury/ ill health/ near miss

Treatment: None  First-aid  Sent Home  Doctor  Hospital Outpatient  Inpatient

Reporting Party Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: Completion by investigator, supervisor/safety advisor Continue on another sheet if necessary**

**Describe Incident**

(Include \*What controls were in place at the time (e.g. safe systems of work, training, physical safeguards, PPE etc.)  
\*Causes of the accident / ill health (e.g. untrained person, no safe system of work, or it was not followed, lack of maintenance etc. )  
\*Witnesses.

**Action taken / Recommended to prevent recurrence (if to be taken, indicate proposed timescale )**

\_\_\_\_\_

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Reviewed by Manager (please insert any additional / different preventative action)**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Operations Director                      Please send copies to:                      Safety Manager                      HSE (Where Appropriate)