



Britannia Fire Compliance Company Ltd

Keeping You Up To Code.

ACCIDENT / INCIDENT (EVENT) REPORTING
FORM

HEALTH AND SAFETY ACCIDENT / INCIDENT (EVENT) REPORTING FORM

Complete this Form for ALL accidents and incidents (whether someone was injured or not and preferably by an appropriate Health & Safety Coordinator or Line Manager). The completed Form **MUST** then be sent to Health and Safety Services **WITHIN** 7 days of the event. A copy **MUST** also be held locally.

PART A

1. Name of Injured Person (in full)*

2. Age of Injured Person*

3. Department

4. Persons Contact Number or Email*

5. Home Address (in full) & Postcode*

Job Title / Visitor / Contractor*

PART B – ABOUT THE EVENT

1. Date of Event

2. Time of Event

3. Location of Event

4. If injured was the person allowed to be here?

5. Name & Contact Details of Witnesses

6. Name of Supervisor in charge

PART C – ABOUT THE INJURY (if any)

1. Was the person injured?

2. If YES what part of the body was injured?

3. If YES what did the injury involve?

- Minor e.g bruise, cut, sprain
- Major e.g fracture, break, amputation
- Other (describe if other)

4. If YES did the injury result in:-

- A staff member being off work
- A visitor being taken to hospital
- None of the above

5. If a staff member has been off work due to the injury please provide dates they have been off work.

6. Did injured person:-

- Become unconscious
- Need resuscitation
- Remain in hospital over 24hrs
- None of the above

PART D – ABOUT THE ACCIDENT / INCIDENT

- An Incident
- A Near Miss

An injury caused by:

- An animal
- Contact with electricity/ static electricity
- Exposure to an explosion
- Slip, trip or fall on same level
- Slip, trip or fall on stairs or steps
- Fall from height. **How high:**
- Exposure to fire
- Handling, lifting, carrying activity
- Injury when handling glass or sharps
- Injured when using hand tools / equipment
- Contact with hot / cold surfaces
- Contact moving machinery / item being machined
- Exposure to harmful substance / material
- Participation in sports activity
- Traffic accident or vehicle
- Hit by a moving or flying / falling object
- Hitting something fixed or stationary
- Physical assault by a person
- Threat or verbal abuse by a person
- Another kind of assault (Describe in E)

PART E – DESCRIBE WHAT HAPPENED

Give as much detail as possible e.g what the person was doing, substance / equipment involved, the events that led to the accident / incident. If a slip, trip or fall, please consider surface conditions, the weather at the time (if outside), the footwear the person was wearing and if they were carrying any items.

PART F – DETAILS OF THE PERSON COMPLETING THE ACCIDENT / INCIDENT FORM

NAME:

JOB TITLE:

DEPARTMENT:

CONTACT DETAILS:

SIGNATURE:

NAME & SIGNATURE OF INJURED PERSON:

PART G – ACCIDENT / INCIDENT INVESTIGATION

- ❖ All accidents and incidents which occur at the BFCC Ltd or whilst on BFCC Ltd led activity **MUST** be investigated.
- ❖ The amount of time and resources spent on the investigation should reflect the seriousness or potential seriousness of the accident / incident, it **DOES NOT** just depend on whether someone was injured.

An investigation should ascertain the following:

- ❖ Collect / preserve evidence. **Take pictures if possible.**
- ❖ Who was involved or injured (if anyone)?
- ❖ When did the accident / incident occur?
- ❖ Where did the accident / incident occur?
- ❖ How did the accident / incident occur?
- ❖ Why did the accident / incident occur?
- ❖ The action to take to prevent it happening again.

Name of Person(s) undertaking Investigation:	
Date of Investigation:	
Names of person(s) interviewed (witnesses):	
Who was involved / injured?	
When did the accident / incident occur?	Date: Time:
Where did the accident / incident occur?	

How did the accident / incident occur, what happened?	
What caused the accident / incident i.e. contributory factors?	
What action will be taken to prevent the accident / incident happening again?	

