

Incident Report Form (IRF 03/19)

Input data into Online Incident Form at: <https://www.reportincident.co.uk/bracknell>
 If for any reason the Online Form is inaccessible send a hard copy (retain original) to: Corporate H&S, 4th Floor, Time Square, RG12 1JD. Certain workplace incidents are reportable under RIDDOR to the HSE. For more information on RIDDOR contact a H&S Adviser: 01344 352000 or go to: <http://www.hse.gov.uk/riddor/index.htm>.



Was a Person Involved in the Incident? Yes / No (Yes will include: a near miss, threatening behaviour, verbal abuse, racial abuse etc.)

Your Details (Person completing this form)?

Title/First Name/Surname.....Tel No:

Address where the Incident occurred?

Building: Street:Postcode:

Where on the premises did the incident occurred? (E.g. stairs, playground, etc.):

The Incident

Date of Incident..... Time of Incident:

Incident Type? (tick box):

Slip/Trip/Fall	<input type="checkbox"/>	Contact with Machinery	<input type="checkbox"/>	Exposure: fire	<input type="checkbox"/>
Fall From Height	<input type="checkbox"/>	Contact with Electricity	<input type="checkbox"/>	Exposure: explosion	<input type="checkbox"/>
Handling / Lifting	<input type="checkbox"/>	Struck by vehicle	<input type="checkbox"/>	Verbal Abuse	<input type="checkbox"/>
Trapped by Object	<input type="checkbox"/>	Exposure Hot Surface	<input type="checkbox"/>	Racial Incident	<input type="checkbox"/>
Struck against fixed	<input type="checkbox"/>	Contact Harmful Substance	<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>
Struck by Object	<input type="checkbox"/>	Physical Violence	<input type="checkbox"/>	Medical issue/ill-health	<input type="checkbox"/>
Drowning	<input type="checkbox"/>	Road Traffic Collision	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>
Injured by Animal	<input type="checkbox"/>	Asbestos Exposure	<input type="checkbox"/>	Runaway child	<input type="checkbox"/>
Finger Traps	<input type="checkbox"/>	Self Harm	<input type="checkbox"/>	Other	<input type="checkbox"/>

Describe what happened?

If the incident involved a person circle as appropriate:

Employee Pupil (Schools Only) Member of Public Contractor Volunteer

Was there an injury? (includes verbal abuse and a near miss) Yes/No

Injuries? (tick box):

Aches/Pains	<input type="checkbox"/>	Bruises	<input type="checkbox"/>	Cuts	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Spinal Injury	<input type="checkbox"/>
Amputation	<input type="checkbox"/>	Burns/Scalds	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Sprain/Strain	<input type="checkbox"/>
Asphyxiation	<input type="checkbox"/>	Crushed	<input type="checkbox"/>	Electric Shock	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	Unconscious	<input type="checkbox"/>
Back Injury	<input type="checkbox"/>	Chest Pains	<input type="checkbox"/>	Eye Injury	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>	No Injury	<input type="checkbox"/>

Body part(circle as appropriate):

Ankle / Arm / Back / Ear / Elbow / Eye / Finger / Foot / Hand / Head / Hip / Knee / Leg / Neck / Shoulder / Trunk / wrist / Other

Severity of Injury? (circle as appropriate)

Minor injury / Major injury / Fatality / Taken to Hospital / Dangerous Occurrence / Other Incident

Has the Incident been Reported to the HSE? Yes / No

Did the Person? (tick relevant boxes):

Go to Hospital

Go home

Receive First Aid

Go for treatment elsewhere

Remain at work/school

None of above

If yes who administered First Aid?

What treatment was given.....

If referred to Hospital by what means(circle as appropriate):

Ambulance / Member of staff's car / Made own way / Taxi / Other

Time off Work (Employees Only):

Number of days off work were:

Details of the Person Involved:

Forename & Surname.....Address.....

.....Town.....Post Code..... Tel No

Gender: Male / Female

Age:

If a minor has the parent/guardian been informed Yes/No.

Was there any property damage? Yes / No

Description of item damaged:

How did the damage occur?

Have repairs been carried out Yes/No Have repairs been ordered Yes/No By whom.....

If no why not

Were there any witnesses? Yes / No

Name:

Name:

Address:

Address:

..... Tel No:

..... Tel No:

Remedial action taken by Headteacher / Manager to prevent reoccurrence?

Manager Please Print Name:.....