

## VARNDEAN COLLEGE – ACCIDENT / INCIDENT REPORT FORM

This form is to be used for recording any accident or incident occurring on the college premises

<b>Please delete appropriately:</b>	<b>ACCIDENT</b>	<b>INCIDENT</b>
-------------------------------------	-----------------	-----------------

**Accident:** Any injury arising out of or in connection with a workplace activity.

**Incident:** Any occurrence that does not result in personal injury; includes near-misses, fainting, panic attacks, verbal abuse, threats etc.

WHERE AND WHEN	
State exact location:	
When did the incident happen?	Date:
Time (24hr clock):	

DETAILS OF PERSON INVOLVED/AFFECTED				
<b>NAME:</b>				Male / Female
<b>STATUS:</b>	<b>STUDENT</b>	<b>EMPLOYEE</b>	<b>CONTRACTOR</b>	<b>VISITOR</b>
<b>ADDRESS:</b>				
<b>POSTCODE:</b>				
<b>Contact telephone No:</b>				

WHAT HAPPENED?
<b>Description of what happened including any machinery, equipment or PPE being used:</b>

TYPE OF ACCIDENT/INCIDENT (please tick all that are applicable)			
Handling, Lifting or Carrying		Fall from height or down stairs	
Contact with electricity		Using hand tools	
Near Miss Incident		Struck by flying or falling object	
Threatening behaviour or verbal abuse		Person to person assault	
Trapped		Striking against something fixed or stationary	
Contact with equipment or machinery		Contact or exposure to harmful substance	
Ill-health		Slip, trip and fall on the same level	
Contact with hot or cold item (burn)		Using office equipment	
Needle stick injury		Struck by moving vehicle	
Fire		Other	
Other (please describe)			

IMPACT ON INDIVIDUAL (please circle)				
<b>Severity of Injury:</b>	<b>None</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>
<b>Type of Injury</b> (tick appropriate description):				
Abrasion or bruise		Distress		
Amputation		Impact injury		
Break, fracture or dislocation		Shock		
Burn or scald		Sprain or strain		
Crush or internal injury		Swelling		
Cuts or puncture wound		Pain		
Other (please describe)				

## VARNDEAN COLLEGE – ACCIDENT / INCIDENT REPORT FORM

TREATMENT PROVIDED (IF ANY) please circle				
None	First Aid	A&E/Minor Injuries	Admitted to Hospital	Advised to see GP

WITNESS DETAILS			
Name:			
Address:			
Postcode:		Phone No: (Home/Work):	
Statement completed?	<b>YES</b>	<b>NO</b>	<b>If YES, attach statement to form</b>

ADDITIONAL INFORMATION

SIGNATURES	
Completing and signing the form does not constitute an admission of liability of any kind, either by the person making the report or any other.	
<b>Person completing this form:</b>	
<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Job Title:</b>

First Aid Materials Used	Location of First Aid Kit

FOR OFFICE USE ONLY			
Is the accident reportable under RIDDOR 2013?	Yes	No	If YES date reported:
Enforcing Authority notified:	Yes	No	HSE
HR notified (Staff only):	Date:		

INVESTIGATION			
<b>Was this an authorised activity?</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Was the person involved authorised?</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Were safe work practices being used?</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Contributory factors?</b> (tick all that apply)			
Environment/Premises		Equipment/Materials	
Procedures/Information		Human Factors	
Other (please specify)			
<b>Was the activity covered by a Risk Assessment?</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>Has the Risk Assessment been reviewed and updated if required?</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>