



## ACCIDENT/OCCURRENCE/ NEAR MISS REPORT FORM

<p><b>Notes on completion</b></p> <p>Data protection</p>	<ul style="list-style-type: none"> <li><b>This report form should be completed by a Manager / Supervisor.</b></li> <li>Please complete &amp; submit a separate report for each casualty or occurrence. Include any relevant statements and photographs. The NHS Trust will report any accidents to the HSE as per RIDDOR.</li> <li>Complete all relevant sections, if you have any problems with its completion please contact the School Business Manager.</li> <li><b>Computerised Offices:</b> Type in the required information (open as a WORD document); if necessary, use a continuation sheet. <b>Submit via e-mail to <a href="mailto:d.williscroft-solihull@northernhouse.org.uk">d.williscroft-solihull@northernhouse.org.uk</a></b></li> <li><b>Non-Computerised Offices:</b> complete in writing, preferably using capital letters; if necessary use a continuation sheet. Submit to the School Business Manager.</li> </ul>		
<b>Part A - Injured Person Details</b>		Please complete details in section A – these relate to the person details as to who they are and where they work or are based.	
<b>1. Name of the injured person</b>		Date of Birth ( )	
		Male	Female
<b>2. What is the injured persons home address, postcode and <u>telephone number</u>?</b>		Injured Persons Home Address (Inc. Post Code)	
		Injured Persons Telephone No:	
<b>3. Who was involved or injured?</b> (Please underline) <b>* If other please specify</b>		A. Employee <span style="float: right;">Job Title:</span>	
		B. Pupil	
		C. *Other (Public, Visitor Contractor)	
<b>4. Address of Workplace (Team &amp; Directorate)</b>		Name of School.  Solihull	Workplace address. Lanchester Way Solihull B36 9LF
<b>5. If not NHS staff (i.e. Contractors) what is Employers' name and address?</b>			
<b>Part B - Details of the Incident</b>		Please complete details in section B – these identify where the incident took place.	
<b>6. Date and Time?</b>		Date:	Time (24 hr)
<b>7. Address of the premises or site where accident / occurrence happened</b> (if not workplace)		Did the Incident happen at the workplace address above?	Incident address
<b>8. Where on the premises or site did the accident actually occur?</b>			
<b>Part C - Category of Incident</b>		Please complete section C – identifying the type and kind of incident	
<b>9. Type of Incident</b> (Please underline)		A. Accident at work	C. Near Miss
		B. Dangerous Occurrence	D. Violent Incident / Assault
<b>10. Kind of Accident</b> (Please underline)		A. Hit by moving object	G. Contact with
		B. Hit fixed object	I. hazardous substance
		C. Injured whilst lifting, carrying/handling	II. hot substance
		D. Slipped, tripped or fell on same level	III. machinery
		E. Fell from height – How high... (metres)	IV. sharp object
		F. Road Traffic Accident	V. electricity
			H. Fire
			Other (Please state)
<b>11. Type of Violent Incident</b> (please underline)		A. Physical threat of violence	E. Verbal abuse (face to face)
		B. Physical threat with a weapon	F. Verbal abuse (telephone)
		C. Physical assault	Other (Please state)
		D. Written threat	<b>NOT APPLICABLE</b>
<p>Note if Racial (please complete <b>Racial Incident Form on HR website</b>)  <b>NOTE – If VIOLENT INCIDENT - SECTION G MUST ALSO BE COMPLETED.</b></p>			



<b>12. What was the cause?</b> (Please underline) <b>* If other please specify</b>	A. Lack of care by injured party B. Lack of care by others C. Accommodation issues D. Mechanical/Electrical fault E. Incorrect use of equipment	F. Incorrect method used G. Collision of vehicles H. Threat to staff I. Arson *Other
<b>Part D – About the Injury</b> Please complete section D in relation to the severity of the injury and resulting issues. HSE require certain accidents to be reported.		
<b>13. What was the injury?</b> (eg fracture, laceration)		
<b>14. What part of the body was injured?</b> Please be specific – e.g. left leg)		
<b>15. Type of injury?</b> (please underline)	A. Fatality B. Major injury or Condition C. Did they require resuscitation	D. Become unconscious E. Minor injury F. No injury
<b>16. What treatment was given to the injured person?</b> (please underline) <b>* If other please specify</b>	A. Taken to Hospital from site of accident by Ambulance. B. Taken to Hospital – by parent/other* C. Remain in Hospital for more than 24 hours	D. Taken to GP/Dentist by parent /other* E. First aid F. No treatment
<b>17. Absence from work?</b> (please underline). (absence includes weekends / BH if included in time off) <b>* Please state number of days</b>	A. More than 3 days off * N° days	B. Not Known C. No absence
<b>Part E – Describing what happened.</b> Please put in as much information to include the activity at the time of the incident, the events that led to the incident, the part any people played, name of any substance involved, the name of any type of machinery involved and what action has been taken to prevent a similar incident.		
<b>18. Describing what happened?</b> <b>Please write an account as to what happened?</b>		
<b>19. What have you done to prevent a recurrence?</b>		
<b>20. Is there any further relevant information? If so please use this section.</b> (e.g. witness details)		
<b>Part F – Manager / Supervisor Details</b> Please complete section F – with contact details of the Manager / Supervisor / Head Teacher / Teacher details for point of contact.		
<b>21. Details about the Manager / Supervisor completing this report.</b>	A. Your Name:	C. Work address (if different from 4. above)
	B. Job title:	D. Contact Number:
<b>22. If hard copy has been sent please sign and date</b>  Signature ..... Date.....		



**Also complete Section G if involved in a Violent Incident**

Please note that additional documentation may need to be completed following an incident

The Health and Safety Executive (HSE) defines work-related violence as: **“Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.”** This can include verbal abuse or threats as well as physical attacks.

<b>23. Alleged Instigator (s)</b>  Address and contact details (if known)	Name:
	Address:
	Telephone Number:
	Name:
	Address:
	Telephone Number:
<b>24. Witness:</b> Address & Contact Details (please fill in details of all witnesses).  The investigator must acquire all witness statements. <b>Please ensure that these are          signed.</b>	Name:
	Address:
	Telephone Number:
	Name:
	Address:
	Telephone Number:
<b>25. Were Police Involved:</b> If Yes – please give details and crime number	Yes / No
	If Yes - Please give details.....
	Crime Number.....
<b>26. Has a similar incident          occurred previously?</b>	Yes / No
	If Yes - Please give details.....
<b>27. Was there a warning          marker in place?</b>	Yes / No
	Date warning marker placed or last reviewed?
<b>28. What happened after the          incident?</b>	A. Counselling offered
	B. Risk assessment revised
	C. Warning marker considered/reviewed
	D. Other agencies/teams contacted
	E. Any other actions taken? Please give details: .....
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**SECTION TO BE COMPLETED BY NHS HEALTH AND SAFETY TEAM ONLY**

<b>Health &amp; Safety Investigation &amp; Recommendations:</b>

<b>Remedial Action:</b> this should be carried out by the manager / school.	
<b>Remedial Action</b> (Date of Completion)	

<b>Absence Total:</b>		<b>Or, continuing (✓)</b>	
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<b>Risk Assessment (✓):</b>	Yes		No		<b>Date of RA</b>	
<b>HR Notified (✓):</b>	Yes		No		<b>Date:</b>	
<b>Insurance Notified (✓):</b>	Yes		No		<b>Date:</b>	
<b>Documents Attached (✓)</b>	Yes		No			
<b>F2508 Sent (✓)</b>	Yes		No			ICC number

<b>Investigating Officer</b>	<b>Signature:</b>	<b>Date:</b>
<b>Governance Manager / H&amp;S Manager</b>	<b>Signature:</b>	<b>Date:</b>