



Report of an injury or dangerous occurrence

Filling in this form

This form must be filled in by an employer or other responsible person.

Part A

About you

- 1 What is your full name?

- 2 What is your job title?

- 3 What is your telephone number?

About your organisation

- 4 What is the name of your organisation?

- 5 What is its address and postcode?

- 6 What type of work does the organisation do?

Part B

About the incident

- 1 On what date did the incident happen?

- 2 At what time did the incident happen?

(Please use the 24-hour clock eg 0600)

- 3 Did the incident happen at the above address?

Yes ☐ Go to question 4

No ☐ Where did the incident happen?

☐ elsewhere in your organisation – give the name, address and postcode

☐ at someone else's premises – give the name, address and postcode

☐ in a public place – give details of where it happened

If you do not know the postcode, what is the name of the local authority?

- 4 In which department, or where on the premises, did the incident happen?

Part C

About the injured person

If you are reporting a dangerous occurrence, go to Part F. If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

- 1 What is their full name?

- 2 What is their home address and postcode?

- 3 What is their home phone number?

- 4 How old are they?

- 5 Are they

☐ male?

☐ female?

- 6 What is their job title?

- 7 Was the injured person (tick only one box)

☐ one of your employees?

☐ on a training scheme? Give details:

☐ on work experience?

☐ employed by someone else? Give details of the employer:

☐ self-employed and at work?

☐ a member of the public?

Part D

About the injury

- 1 What was the injury? (eg fracture, laceration)

- 2 What part of the body was injured?

3 Was the injury (tick the one box that applies)

- ☐ a fatality?
- ☐ a major injury or condition? (see accompanying notes)
- ☐ an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
- ☐ an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4 Did the injured person (tick all the boxes that apply)

- ☐ become unconscious?
- ☐ need resuscitation?
- ☐ remain in hospital for more than 24 hours?
- ☐ none of the above.

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- ☐ Contact with moving machinery or material being machined
- ☐ Hit by a moving, flying or falling object
- ☐ Hit by a moving vehicle
- ☐ Hit something fixed or stationary

- ☐ Injured while handling, lifting or carrying
- ☐ Slipped, tripped or fell on the same level
- ☐ Fell from a height

How high was the fall?

metres

- ☐ Trapped by something collapsing

- ☐ Drowned or asphyxiated
- ☐ Exposed to, or in contact with, a harmful substance
- ☐ Exposed to fire
- ☐ Exposed to an explosion

- ☐ Contact with electricity or an electrical discharge
- ☐ Injured by an animal
- ☐ Physically assaulted by a person

- ☐ Another kind of accident (describe it in Part G)

Part F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the [notes which accompany this form](#))

Part G

Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

Part H

Your signature

Signature

Date

Where to send the form

Incident Contact Centre, Caerphilly Business Centre,
Caerphilly Business Park, Caerphilly, CF83 3GG.
or email to riddor@connaught.plc.uk or fax to 0845 300 99 24

For official use

Client number

Location number

Event number

☐ INV REP ☐ Y ☐ N

Please continue on this page if necessary