**The Elms Residential Home**

**Report of an Accident, Dangerous Occurance or a Near Miss**

|  |  |
| --- | --- |
| **Accident Reference No:**  *(H&S Team only)* |  |

**ACCIDENT/INCIDENT REPORT FORM**

*Please refer to HSA001 - Accident/Incident Reporting and Investigation Arrangements for Guidance*

**PART A – ABOUT THE PERSON WHO HAD THE ACCIDENT**

|  |  |  |
| --- | --- | --- |
| **Full Name:** |  | **Pay no:** |
| **Job Title:** |  | **Other (pupil, member of the public):** |

|  |  |
| --- | --- |
| **Home Address:** | |
| ***Including post code*** | **Post code:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home Tel No:** |  | **DOB:** |  | **Sex** |  |

**PART B – ABOUT THE ACCIDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Accident/Incident** |  | **Time (use 24hr format** |  |

|  |  |
| --- | --- |
| **Where did accident/incident occur? Please state room or place** |  |

|  |  |  |
| --- | --- | --- |
| **Address where accident happened or location including post code and phone number** |  | |
|  | |
|  | **Telephone number:** |
|

|  |
| --- |
| **How did the accident/Incident happen, give cause if you can.**  ***Continue on a separate sheet if necessary*** |

**If the person suffered any injury say what the injury was, i.e. cut, graze, strain and what part(s) of the body were injured?**

**Was the person absent from work?**

**What was the accident/incident? (Please tick only one)**

|  |  |
| --- | --- |
| **A fatality** |  |
| **A major injury or condition i.e fracture or loss of consciousness** |  |
| **An injury to a resident, member of staffor member of the public where they had to be taken from the scene of the accident to hospital for treatment** |  |
| **A minor injury or condition** |  |
| **A Violent incident *(physical assault, verbal abuse, threatening behaviour)*** |  |
| **A near miss** |  |

***Please note: Further Investigation may be required for some accidents/incidents, please refer to Reporting and Investigation Arrangements***

**PART C – ACTIONS TO PREVENT A RECURRENCE**

|  |  |  |
| --- | --- | --- |
| **Risk assessment completed or reviewed?** | **YES** | **NO** |
| **Please state action taken to prevent recurrence.** | | |

**PART D – ABOUT YOU, THE PERSON COMPLETING THE FORM**

|  |  |  |
| --- | --- | --- |
| **NAME (print):** |  | |
| **Address:** |  | |
|  | **Post code** |
| **Designation:** |  | |

|  |
| --- |
| **Signature:**  **Date:** |
| **Manager Signature:**  **Date:** |

**FOR OFFICE USE ONLY (Health & Safety Team)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Received (stamp)** | **Data entry date** | **Data entry by (initial)** | **RIDDOR**  **Reportable?** | **YES/NO** |
| **RIDDOR Reference** | |