



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?