

Appendix 4: Incident and accident reporting form/register

Record of Accident /Incident/ Serious Harm	
To be completed by the line manager and injured person and sent to H&S representative or CEO within 48 hours of the event.	
Is it an <input type="radio"/> Accident <input type="radio"/> Incident/Near Miss <input type="radio"/> Condition (e.g. OOS)	
<p>Surname:</p> <p>First name(s):</p> <p>Residential address:</p> <p>.....</p> <p>Phone:</p> <p>Gender: <input type="radio"/> M <input type="radio"/> F</p> <p>Date of event: Time: am/pm</p> <p>Date reported:.....</p> <p>If OOS – date of visit to doctor:.....</p> <p>Hours worked since arrival at work.....</p> <p>Shift <input type="radio"/> Day <input type="radio"/> Evening <input type="radio"/> Night</p> <p>Location where event occurred:</p> <p>.....</p> <p>Occupation or position of injured person:</p> <p>.....</p> <p>Type of employment:</p> <p><input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Non-employee</p> <p>Period of employment:</p> <p><input type="radio"/> 1st week <input type="radio"/> 1st month</p> <p><input type="radio"/> 1-6 months <input type="radio"/> 7 months-1 yr</p> <p><input type="radio"/> 1-5 years <input type="radio"/> Over 5 years</p> <p>Nature of injury or disease:</p> <p><input type="radio"/> No injury <input type="radio"/> Superficial</p> <p><input type="radio"/> Sprain or strain <input type="radio"/> Open wound</p> <p><input type="radio"/> Head injury <input type="radio"/> Poisoning/toxic effect</p> <p><input type="radio"/> Fracture, spine <input type="radio"/> Other fractures</p> <p><input type="radio"/> Multiple injuries <input type="radio"/> Foreign body</p> <p><input type="radio"/> Puncture wound <input type="radio"/> Internal injury, trunk</p> <p><input type="radio"/> Chemical reaction <input type="radio"/> Occupational hearing loss</p> <p><input type="radio"/> Burns <input type="radio"/> Bruising/crushing</p> <p><input type="radio"/> Mental disorder <input type="radio"/> Amputation, including eye loss</p> <p><input type="radio"/> Nerves/spinal cord <input type="radio"/> Dislocation</p> <p><input type="radio"/> Disease skin <input type="radio"/> Disease circulatory system</p>	<p><input type="radio"/> Disease nervous system</p> <p><input type="radio"/> Disease musculo-skeletal system</p> <p><input type="radio"/> Disease digestive system</p> <p><input type="radio"/> Disease infectious or parasitic</p> <p><input type="radio"/> Disease respiratory system</p> <p><input type="radio"/> Tumour (malignant or benign)</p> <p><input type="radio"/> Damage artificial aid</p> <p><input type="radio"/> Fatal</p> <p>Injured part of body:</p> <p><input type="radio"/> Trunk <input type="radio"/> Neck</p> <p><input type="radio"/> Head <input type="radio"/> Internal organs</p> <p><input type="radio"/> Upper limb(s) <input type="radio"/> Lower limb(s)</p> <p><input type="radio"/> Multiple locations</p> <p>Mechanism of event:</p> <p><input type="radio"/> Fall, trip or slip</p> <p><input type="radio"/> Sound or pressure</p> <p><input type="radio"/> Biological factors</p> <p><input type="radio"/> Body stressing</p> <p><input type="radio"/> Mental stress</p> <p><input type="radio"/> Being hit by moving objects</p> <p><input type="radio"/> Heat, radiation or energy</p> <p><input type="radio"/> Chemicals or other substances</p> <p><input type="radio"/> Hitting objects with part of the body</p> <p>Was a 'Significant Hazard' involved?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Type of treatment given:</p> <p><input type="radio"/> Nil <input type="radio"/> First aid</p> <p><input type="radio"/> Doctor <input type="radio"/> Hospital</p> <p>Agency of injury:</p> <p><input type="radio"/> Machinery or (mainly) fixed plant</p> <p><input type="radio"/> Mobile plant or transport</p> <p><input type="radio"/> Tools, appliances, equipment (powered)</p> <p><input type="radio"/> Tools, appliances, equipment (non-powered)</p> <p><input type="radio"/> Chemical or chemical products</p> <p><input type="radio"/> Material or substance</p> <p><input type="radio"/> Environmental agency</p> <p><input type="radio"/> Animal, human or biological agency (not bacterial/virus)</p> <p><input type="radio"/> Bacterial or virus</p>

