Report an incident

About three minutes. Fill it in as soon as you can, while details are fresh.

Questions marked * need an answer.

1. What are you reporting? *

Tick all that apply.

- [ ] An injury or illness
- [ ] A near miss: nobody was hurt, but someone could have been
- [ ] Damage to property or equipment
- [ ] Something else, such as a threat or an unsafe condition

2. Date it happened *

Date

3. Time it happened

Time

4. Where did it happen? *

Site, building and the exact spot: “Loading dock 2, by the roller door”.

5. What was going on just before?

The task, and any tools, equipment, vehicles or chemicals in use.

6. What happened? *

Facts, in the order they happened. Say what you saw, not who was to blame.

7. What could have happened? *

Only if “What are you reporting?” is A near miss: nobody was hurt, but someone could have been.

8. Name of the person hurt or ill *

Only if “What are you reporting?” is An injury or illness.

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9. They are *

Only if “What are you reporting?” is An injury or illness.

- ◯ An employee
- ◯ A volunteer
- ◯ A visitor or member of the public
- ◯ A contractor or agency worker
- ◯ A student

10. Type of injury or illness *

Only if “What are you reporting?” is An injury or illness.

- ☐ Cut or graze
- ☐ Bruise or crush
- ☐ Burn or scald
- ☐ Eye injury
- ☐ Other
- ☐ Sprain or strain
- ☐ Fracture or dislocation
- ☐ Head injury
- ☐ Illness, or exposure to a substance

11. Part of the body affected *

Only if “What are you reporting?” is An injury or illness.

Be specific: “left wrist”, not “arm”.

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12. What treatment did they get? *

Only if “What are you reporting?” is An injury or illness.

- ◯ None needed
- ◯ First aid on site
- ◯ Seen by a doctor or clinic
- ◯ Taken to hospital
- ◯ Admitted to hospital overnight

13. Did they stop work or go home because of it?

Only if “What are you reporting?” is An injury or illness.

- ◯ Yes
- ◯ No

14. What was damaged, and how badly? *

Only if “What are you reporting?” is Damage to property or equipment.

15. Who saw it?

Names and phone numbers. Leave blank if nobody did.

16. Photo of the scene, equipment or damage

Take it before anything is moved, if it is safe to.
Attach this separately and write what you attached below.

17. What was done straight away?

First aid given, area made safe, machine switched off, who was called.

18. What would stop it happening again?

Your suggestion. Your manager decides what is done.

19. Your name *

20. Your phone number

21. Which supervisor or manager have you told?

22. Your signature

Signature

Date