

Internal Incident Report Form



To be completed in accordance with Service instructions for all incidents occurring within Council controlled property, situations involving Council employees or persons under the supervision of the Council. Complete **ALL** sections. The data will be used to enable NLC to comply with its statutory duties under the Health and Safety at Work etc. Act 1974. Anonymised data will be processed to provide indicators of safety performance. There is no intention to disclose personal data except where consent of the individual has been obtained, or where NLC is required to do so to comply with a legal obligation. This document has been accepted by the Department of Work and Pensions as being equivalent to, and a replacement for, the BI510 Accident Book. A written copy of the completed form must be retained on site and, where an employee is injured, a printed copy provided to that employee.

Service: _____ **Section:** _____ **Reference:** _____

INCIDENT

Was the incident location a Council property?

Y	
Y	
Y	

N	
N	
N	

Was a person injured or involved in the incident?

Y	
Y	
Y	

N	
N	
N	

Did the incident arise out of or in connection with work?

Y	
Y	
Y	

N	
N	
N	

Indicate the type of incident you are reporting

Personal injury incident	<input type="checkbox"/>	Property damage incident	<input type="checkbox"/>	Near miss	<input type="checkbox"/>	Dangerous occurrence	<input type="checkbox"/>
Violent incident	<input type="checkbox"/>	Work related ill health	<input type="checkbox"/>	Vehicle incident	<input type="checkbox"/>	Missing person	<input type="checkbox"/>
Hypodermic needle incident	<input type="checkbox"/>	Self harm	<input type="checkbox"/>				

Incident details

Incident location	Date of incident
Location address	Time of incident
	Date reported
Full Post Code	Reported to
Telephone	Designation
Specifically, where did the incident happen? _____	

INJURED/AFFECTED PERSON (if applicable)

Full name	Workbase				
Home address	Address				
Full Post Code	Full Post Code				
Home telephone	Telephone				
Date of birth					
Age	Sex <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; width: 20px;"></td></tr></table> <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"><tr><td style="border: 1px solid black; padding: 2px;">F</td><td style="border: 1px solid black; width: 20px;"></td></tr></table>	M		F	
M					
F					

Status of injured/affected person

Council employee	<input type="checkbox"/>	Job title	Employee number
Contractor	<input type="checkbox"/>	Self employed person at work	Person on work experience
Skill seeker/trainee	<input type="checkbox"/>	Client/pupil	Member of the public
Other (please specify)	<input type="checkbox"/>	_____	

If the injured/affected person is a contractor, or self employed, what is the name of their organisation? _____

NORTH LANARKSHIRE COUNCIL EMPLOYEE CONSENT

By ticking this box I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to recognised trades union safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law. If consent is not given, then anonymised details of the accident will be provided.

(tick box) **Signature** _____ **Date** _____

If you are a member of a recognised trades union, please provide details _____

If you are not a member of a recognised trades union, but have a representative of employee safety in your workplace please provide details _____

INCIDENT DESCRIPTION

Complete the following table to describe any injury that occurred as a result of the incident. Use the space below to provide a description of the incident. Provide as full a description as possible.

Type of injury	√	Part of body affected	√	L	R	Part of body affected	√	L	R
Bruise or abrasion		Ankle				Neck			
Burn or scald		Arm				No part injured			
Cut or laceration		Fingers				Toes			
Dislocation		Foot				Trunk (back)			
Foreign body (e.g. dust in eye)		Hand				Trunk (other)			
Fracture		Head (inc. eyes, nose, face etc)				Whole body (more than one part)			
No apparent injury		Leg				Wrist			
Skin condition									
Sprain or strain									
Other (please specify)									

Kind of accident	√	Kind of accident	√	Kind of accident	√
Choking		Fall from height		Physically assaulted by a person	
Contact with electricity or electrical discharge		Fire		Road traffic incident	
Contact with moving machinery or material being machined		Hit by moving vehicle		Self Harm	
Drowned or asphyxiated		Hit by moving, flying or falling object		Sexually assaulted by a person	
Exposed to contact with a hot liquid		Hit by something fixed or stationary		Slip, trip or fall on same level	
Exposed to contact with a hot surface		Injured by animal		Sport activity injury	
Exposed to or in contact with a harmful substance		Injured whilst handling, lifting or carrying		Trapped by collapsing material/object	
Exposure to an explosion		Missing Person		Verbally abused by a person	
Exposure to fire		Needlestick injury		Other (please specify)	

Description of incident:

If the kind of accident was a fall from height please enter the height of the fall in Centimetres

WITNESS DETAILS

Witness 1 name _____
 Contact address _____
 Full Post Code _____
 Telephone _____

Witness 2 name _____
 Contact address _____
 Full Post Code _____
 Telephone _____

Council employee?

Y	N
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Council employee?

Y	N
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RESPONSIBLE PERSON (Supervisor/Manager)

Was any time lost of more than 3 days?

Y	N
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Was there an injury linked to the effort of lifting, carrying, pushing or pulling ie. physical effort?

Y	N
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RIDDOR 2012 (Please see Service or intranet guidance for full description of RIDDOR reporting requirements)

Is the incident reportable under RIDDOR? (tick as appropriate)

NO Reason? Minor injury No injury Not work related
 YES Reason? Fatality Major injury Over 7 day

Injury to member of the public which meant they had to be taken from the scene of the accident directly to a hospital for treatment

Dangerous occurrence (Number and description)
 Reportable disease (Number and description)

Where an injury occurred, did the injured person Become unconscious? Need resuscitation?
 Remain in hospital for more than 24 hours? None of these

Is the incident reportable to the care commission? YES/NO

Action to prevent recurrence (complete for **all** incidents)

Tick if accident investigation report attached

About you, the manager/supervisor completing this section.

Name _____ Workbase address _____
 Signature _____
 Date _____
 Designation _____ Telephone _____

If you are responsible for reporting incidents to HSE, complete the following section

Date reported to HSE: _____ HSE Ref No: _____
 Date reported to Care Inspectorate: _____