

Incident Report Form

Simply fill the form in by completing the blank spaces.
Additional information and drawings etc can be appended.

Date of Incident

Time of Incident

Location of Incident

What Happened? - One line description

What were the Consequences or Potential Consequences? - One line description

Brief Description of the Incident

(add additional information on separate sheet if required)

Injured Person	
Name:	
Home Address:	
Occupation:	Employer:

Injured Person	
Name:	
Home Address:	
Occupation:	Employer:

Injured Person	
Name:	
Home Address:	
Occupation:	Employer:

Person Reporting Incident/Accident	
Name:	
Home Address:	
Occupation:	Employer:

Type of incident and consequences

		Actual	Potential
<input type="checkbox"/>	Injury/damage etc.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Near miss/hit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Tick if reportable under RIDDOR	<input type="checkbox"/>	<input type="checkbox"/>

Consequences Related to the Incident

(not to be filled in for near misses/hits or hazardous conditions)

(i) Injury Class – tick one box

- Fatality
 Permanent Partial Disability
 Restricted Work Case
 First Aid Case
 Permanent Total Disability
 Lost Workday Case
 Medical Treatment Case

(ii) Nature of Injury – tick appropriate box(es)

- Amputation
 Cuts/lacerations
 Fracture
 Multiple injuries
 Asphyxia
 Dislocation
 Hypothermia
 Scratches/abrasions
 Burn (chemical)
 Drowning
 Inflammation
 Sprains and strains
 Burn (heat/cold)
 Electric shock
 Internal injury
 Crushing/bruises
 Foreign body (eye)
 Loss of sight
 Loss of consciousness
 Concussion/brain injury
 Effects of chemicals
 Other injury, specify.....

(iii) Part(s) of body injured – tick appropriate box(es)

- Right arm
 Right leg
 Chest
 Head
 Abdomen
 Left arm
 Left Leg
 Eyes
 Ears
 Back

Right hand Right foot Left hand Left foot

RIDDOR Reportable Injury – tick box if appropriate

Fatality Major Injury Over 3-Day Injury

Source of Injury – tick one box

Caught in/under/ between Fire, explosions Manual handling
 Contact with chemicals Hand tools Mechanical lifting
 Contact with heat Immersion in water Motor vehicle
 Electricity Ionising radiation Pollution
 Slip, trip, fall Struck by/against Other.....

Shift

Day shift Night shift Exercise/drill Overtime Leisure/time off

Employment Category

3rd Party Subcontractor Contractor Visitor Employee

Potential severity

Major Serious Minor

Probability of recurrence

High Medium Low



Use this space to sketch the site if necessary