

**Section 1: INCIDENT DETAILS**

Date of the incident		Time of the incident	
Address of / Location of Incident		Department where incident happened	
Incident Issue <input checked="" type="checkbox"/> as appropriate <input type="checkbox"/> Health <input type="checkbox"/> Safety <input type="checkbox"/> Environmental		Incident Classification <input checked="" type="checkbox"/> as appropriate <input type="checkbox"/> Physical Damage <input type="checkbox"/> Near Miss <input type="checkbox"/> Potential Hazard	

**Section 2: WHAT HAPPENED?**

Description of Incident Event (include any evidence e.g. photographs, drawings etc)

**Section 3: ABOUT THE LINE MANAGER/SUPERVISOR**

Name		Job Title		Contact No.	
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**Section 4: CAUSE OF THE INCIDENT?**

<input type="checkbox"/> Physical contact (not assault)	<input type="checkbox"/> Fire	<input type="checkbox"/> Moving vehicle	<input type="checkbox"/> Bite
<input type="checkbox"/> Chemical exposure	<input type="checkbox"/> Falling objects	<input type="checkbox"/> Physical assault	<input type="checkbox"/> Struck against
<input type="checkbox"/> Collapse of structure	<input type="checkbox"/> Contact heat	<input type="checkbox"/> Sport or physical training	<input type="checkbox"/> Struck by
<input type="checkbox"/> Contact electricity	<input type="checkbox"/> Infectious agent	<input type="checkbox"/> Psychological	<input type="checkbox"/> Stress/trauma
<input type="checkbox"/> Hazardous substance	<input type="checkbox"/> Fall from height	<input type="checkbox"/> Road traffic accident	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Machinery in operation	<input type="checkbox"/> Manual handling	<input type="checkbox"/> Slips, trips and falls	

**Section 5: ABOUT THE INCIDENT EVENT**

What were the immediate causes?			
What were the root causes?			
Was it an authorised activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had there been training for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the incident RIDDOR reportable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what classification of RIDDOR?	
Is there a risk assessment for this activity?	<input type="checkbox"/> Yes (please attach a copy of the risk assessment) <input type="checkbox"/> No (please review your current risk assessments)		

**Section 6: CORRECTIVE & PREVENTATIVE ACTION**

What preventative actions are being taken following the incident? (tick relevant boxes)	<input type="checkbox"/> Additional supervision	<input type="checkbox"/> Review risk assessment
	<input type="checkbox"/> Training	<input type="checkbox"/> Review maintenance procedures
	<input type="checkbox"/> Modifying existing systems of work	<input type="checkbox"/> No further action required
	<input type="checkbox"/> Repair to premises	<input type="checkbox"/> Consider for recording on violent markers register

Ref	Action	By Whom	By When	Completed
1				
2				

**Section 7: ANY OTHER COMMENTS/RECOMMENDATIONS**

Signature		Date	
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