

<i>Following any workplace accident / incident, it is important to the organisation that an investigation is completed in order to establish the facts and most importantly find ways to prevent a reoccurrence. This form MUST be completed as soon as possible following any workplace accident / incident.</i>			
Record Form Report Number:		Date:	
Section 1: Details of the person involved (continue on separate sheet if required):			
First Name:		Address:	
Surname:			
Occupation:		Post Code:	
Section 2: Details of the person completing this record:			
First Name:		Address:	
Surname:			
Occupation:		Post Code:	
Section 3: Details about the event (continue on separate sheet if required):			
Date of Event:		Time of Event:	
Brief details of event. <i>(Include: what happened, where it happened, any others involved & any emergency measures taken – give the cause if possible)</i>			
Were any injuries suffered? <i>(please mark appropriate box)</i>	Incident		Please provide additional details:
	Ill Health		
	Minor Injury		
	Serious Injury		
	Major Injury		
Section 4: To be completed by the employer (please answer Yes / No or N/A to all questions):			
1	Has an accident / incident investigation been carried out? <i>(Use forms 07.069, 07.070, 07.071, 07.072 as req.)</i>		
2	Have details of the accident / incident been reported to the HR department?		
3	Have details of the accident / incident been reported to Integrated Risk Management (IRM)?		
4	Does the incident require reporting to the HSE under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR)? <i>(See Policy Arrangement 03.01 Accidents & Incidents For Further Information)</i>		
5	How was the incident reported to the HSE? <i>(if applicable)</i>		
Date Incident was Reported:		RIDDOR Report Number:	
Print Name:		Signed:	
Completed reports to be returned to the Department Manager & stored securely for 3 years. Information is STRICTLY PRIVATE & CONFIDENTIAL			