Risk Management Security Services - Accident / Near Miss Reporting Form

This form should be completed in black/blue ink using BLOCK CAPITALS. When complete it should be faxed within two working days to Risk Management on 01494 452 045 or emailed to safety@riskmanagementsecurity.co.uk

Employee Name	Manager / Supervisor's Name

SECTION A Accident / Near Miss Details

1. Date & Time

Date	Time	Day of week

2. Type & Severity of the Accident / Incident *(Please tick the relevant boxes)*

☐ Disease/Occupational ill Health	☐ Assault	☐ RTA	☐ Minor Injury	☐ Major Injury
☐ Dangerous Occurrence	☐ Fatality	☐ Trauma	☐ Near Miss	☐ None of the others

3. Location

Site No	Site Name

Details of exact location i.e. Where on the site (please provide as much detail as possible.)

4. Environmental Conditions *(Please tick the relevant boxes)*

Weather		Lighting		Ground / Floor
☐ Rain (Light)	☐ Fair	☐ Daylight	☐ Floodlight	☐ Even
☐ Rain (Heavy)	☐ Sunny	☐ Night	☐ Darkness	☐ Uneven
☐ Indoor / Undercover	☐ Fog / Mist	☐ Fluorescent	☐ Bright Sunlight	☐ Wet
☐ Frost / Ice	☐ High Wind	☐ Electric Lights	☐ Torch Light	☐ Dry
☐ Snow	☐ Other (State Below)	☐ Headlights	☐ Other (State Below)	☐ Other i.e. Icy or Oily

5. Description of the Accident / Near Miss

6. Additional Information

	Y	N	
Was an injury sustained?	☐	☐	If Yes, please complete Section B with the details of what injury was caused.
Were any other people involved?	☐	☐	If Yes, please complete Section C with the details of witnesses, first aiders etc
Was any equipment involved?	☐	☐	If Yes, please complete Section D with the details of what was involved.

7. Factors involved in the Accident / Near Miss *(Please tick as appropriate)*

☐ Contact with moving machinery	☐ Hit something fixed or stationary	☐ Slip, trip or fall
☐ Contact with electricity or electrical discharge	☐ Influence of alcohol or drugs	☐ Fall from height
☐ Exposed to or in contact with a hazardous substance	☐ Injured whilst handling, lifting or carrying	☐ Fall on stairs/escalators
☐ Boarding / alighting a vehicle	☐ Injured whilst using portable equipment/tools	☐ Noise exposure
☐ Exposed to extreme temperatures (hot or cold)	☐ Injured whilst driving a work vehicle	☐ Exposed to fire
☐ Hit by moving vehicle	☐ Verbally / physically assaulted	☐ Faulty equipment
☐ Hit by moving, flying or falling object	☐ Trapped / crushed	☐ Other (state below)

I confirm that all the details I have given in this report are to the best of my knowledge accurate.

Name	Signature

SECTION B Injury Details *(Only to be completed if an injury was sustained)*

8. Injury Details *(Please tick the relevant boxes)*

Injury		Areas Injured		Side Affected
☐ Allergic reaction	☐ Foreign Body	☐ Arms / Shoulder	☐ Face	☐ Front
☐ Amputation	☐ Impact / Crush Injury	☐ Abdomen / Stomach	☐ Feet / Hands	☐ Back
☐ Bruising / Abrasion	☐ Cut / Laceration	☐ Back / Buttocks	☐ Head	☐ Left Side
☐ Burn (Hot/Cold)	☐ Sprain or Strain	☐ Chest	☐ Eyes	☐ Right Side
☐ Electric Shock	☐ Puncture Injury	☐ Internal	☐ Mouth	☐ Whole Body
☐ Fracture	☐ Other (State Below)	☐ Legs / Hips	☐ Other (State Below)	☐ Other (State Below)

9. Examination & Treatment

	Y	N	Details of treatment given
Was first aid required?	☐	☐	
Was an ambulance / paramedic called?	☐	☐	
Was hospital treatment required?	☐	☐	

10. Absence from work

a. Did accident/incident result in absent from work? ☐ Yes ☐ No ☐ Not Known

b. Date returned to work or state 'not yet known'

No. of days absent

SECTION C People involved

11. Details of other people involved *(All boxes in the section must be completed accurately or marked as not applicable i.e N/A)*

a. Forename(s)

b. Surname

c. Home address

Home telephone

d. Work address

Work telephone

e. Status of injured person *(Please tick one)*

☐ Employee ☐ Contractor ☐ Member of public ☐ Person on business ☐ Trespasser ☐ Other (State below)

f. Date of birth

g. Gender ☐ Male ☐ Female

h. Reason for being there

12. Witnesses ☐ None identified

a. Name and address	a. Name and address	a. Name and address
Tel no.	Tel no.	Tel no.
b. Status of witness	b. Status of witness	b. Status of witness
☐ Employee / work colleague	☐ Employee / work colleague	☐ Employee / work colleague
☐ Contractor	☐ Contractor	☐ Contractor
☐ Member of public	☐ Member of public	☐ Member of public

SECTION D Equipment Details

13. Vehicles / Equipment Involved *(Please mark any boxes not used as N/A)*

a. If road vehicle involved	Make	Model	Registration
b. If machinery involved	Make	Model	Serial No
c. Equipment and property details	☐ Building /Station ☐ Machinery /Plant ☐ Equipment ☐ Other (Specify)		

SECTION E More Information

14. Additional Information

Please use the space below to provide us with any additional or useful information relating to the accident / near miss, the people involved or any additional factors you feel may be relevant. This space can also be used to draw any diagrams that may help with the accident / near miss investigation.

SECTION F Declaration

I confirm that all the details I have given in this report are to the best of my knowledge factual & accurate.

Name	Signature
Job Title	Date