**Basic Information**

| **Date of Incident:** |  |
| --- | --- |
| **Time of Incident:** |  |
| **Location:** |  |
| **Reported By:** |  |
| **Job Title:** |  |
| **Contact Number:** |  |

**Person(s) Involved**

**Name:**

**Job title**

**Injured: Y/N**

**Contact No.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Nature of Incident**

Please tick the type(s) of incident:

* Injury to person(s)
* Near miss
* Damage to property
* Environmental incident
* Equipment failure
* Violence or abuse
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Description of Incident**

**Provide a factual description of what happened, including actions leading up to the incident, people involved, and any immediate consequences:**

**. Immediate Action Taken**

**E.g. First aid given, area secured, emergency services contacted, equipment shut down:**



**Witnesses**

| **Name** | **Contact No.** | **Statement Attached (Y/N)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Injuries Sustained (if any)**

| **Person** | **Injury Description** | **First Aid Given?** | **Hospital Visit?** |
| --- | --- | --- | --- |
|  |  |  |  |

**Environmental Impact (if applicable)**

* Was the environment affected? [ ] Yes [ ] No  
  If yes, describe:
* Type of impact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Was it reported under environmental procedures? [ ] Yes [ ] No
* Was any pollution or hazardous material involved? [ ] Yes [ ] No

**RIDDOR Reporting**

* Is this incident reportable under **RIDDOR 2013**? [ ] Yes [ ] No
* If yes, date reported to **HSE**: \_\_\_\_\_\_\_\_\_\_\_
* Reported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigation Details**

**Investigation Conducted By:**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Root Cause(s) Identified:**

**Corrective / Preventive Actions Taken:**

**Action Owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Target Date for Completion:** \_\_\_\_\_\_\_\_\_  
**Date Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review and Sign-Off**

| **Reviewed By** | **Job Title** | **Date** | **Signature** |
| --- | --- | --- | --- |
|  |  |  |  |