Incident report form

CUMBRIA WASTE MANAGEMENT

Base site ..... **Date** .....

Time ..... **Local Ref:**.....

Where did the incident happen?

At the Base site above ☐

At another Company site, state .....

Elsewhere, state Address .....

.....

Town .....Post Code.....

Incident Type

Injury	☐	Fire	☐	RTA	☐
Near Miss	☐	Damage	☐	Theft	☐
Other (Specify)	☐	.....			

Person involved

Employee ☐

Contractor ☐

Agency / Casual Worker ☐

Work Experience ☐

Visitor ☐

Member of the Public ☐

Reported By

Name.....

Investigated by

Name.....

Position.....

ATTACH STATEMENTS TO THIS REPORT

Employee Details

Name .....

Address .....

.....

.....

Town .....Post Code.....

Telephone.....

Date of birth ..... Age.....

Occupation.....

Contracted Hours: FROM ..... TO.....

Actual Hours Worked FROM ..... TO.....

Did the incident occur on overtime? **Y / N*** (***Delete)**

Agency / Work Experience

Provider.....

Third Party Information Registration / Location of damage

Name…… ……..……..……

Address……..…. Apparent Damage……..……

……... ….……..……

Town …… ……..……

Post Code……... Make / Model of Vehicle ……..……

Telephone……..…. Insurance Company……

Injuries reported …….. Policy Number ……..……..

…… Police Informed Y ☐ N ☐

Estimated cost …… Police Attending / Details ……..……

FOR VEHICLE DAMAGE ATTACH A COPY OF THE ZURICH MOTOR CLAIM FORM
ATTACH A COPY OF THEIR STATEMENT TO THIS REPORT

Risk Assessment and Work Instruction Review

Risk Assessment to be reviewed ..…… Date reviewed ……...

Work Instruction to be reviewed ……Date reviewed ……

Equipment Involved

Serial / ID / Registration…… Apparent Damage…….

Operator…… …….

Make / Model ……. …….

Removed from service **Y** ☐ **N** ☐ Estimated cost……..…….

Police Informed (Crime) **Y** ☐ **N** ☐ Police Attending / Details ……..……

RIDDOR

RIDDOR ? **Y*** ☐ **N**☐ RIDDOR Reference ……

Date Reported (DD/MM/YY)__/__/__ **Reported by**……
*** ATTACH COPY TO THIS REPORT**

Witnesses (ATTACH COPIES OF THEIR STATEMENTS TO THIS REPORT)

Name ……. Name……..

Address……..…... Address……..

……..…… ……

Post Code…… Phone…….. Post Code……..…Phone……..

Immediate Cause

Animal Attack	☐	Electrical / Electrical Discharge	☐	Explosion	☐
Fire	☐	Contact to hazardous substance	☐	Assault / Abuse	☐
RTA (Highway)	☐	Slip, Trip Fall (Same Level)	☐	Struck falling item	☐
Caught in item	☐	Caught in collapsing item	☐	Chemical reaction	☐
Stress	☐	Fall from height (In metres_____)	☐	Equipment Failure	☐
Spillage	☐	Struck against stationary item	☐	Handling	☐
Roll Over	☐	Workplace Transport	☐	Intruders	☐
Other (Specify)	☐	……			

Root cause

Workplace Design	☐	Employee Selection	☐	Communication	☐
Equipment Design	☐	Contractor Selection	☐	Inadequate PPE	☐
Inadequate Risk Assessment	☐	Cleaning	☐	Maintenance	☐
Inadequate Work Instruction	☐	Co-operation	☐	Deliberate violation	☐
Supervision	☐	Defect reporting	☐	Training / experience	☐
Availability of equipment	☐	Security	☐	Inadequate Resource	☐
Other (specify)	☐	……			

Describe how the incident occurred

CONTINUE USING THE CONTINUATION SHEET AS NECESSARY

Injury Type

Death	☐	Drowning / Asphyxiation	☐	Burn / scald	☐	Concussion	☐
Amputation	☐	Cut / Abrasion/ Laceration	☐	Electrocution	☐	Strain / Sprain	☐
Crush	☐	Fracture / Broken Bone	☐	Poisoning	☐	Eye foreign body	☐
Whiplash	☐	Eye Penetration / Loss sight	☐	Inhalation	☐	Ingestion	☐
Impalement	☐	Laceration / Stab	☐	Needle stick	☐	Shock	☐
Stress	☐	Dislocation	☐	Other (Specify)	☐		

Location of injury

Back ☐ Hand ☐ Foot ☐ Arm ☐ Leg ☐ Head ☐ Chest ☐

Toes ☐ Fingers ☐ Eye ☐ Abdomen ☐ Left ☐ Right ☐

Medical Treatment

By whom First Aid ☐ A&E ☐ GP ☐

Detail ……

……

Action to be taken to prevent re-occurrence

Responsibility for taking action

Target Date …….Completed Date……..

Managers Name ……Position ……

Manager Signature ……Date……..……

Report No *UNIQUE*

Incident report form

shanks. waste solutions.

Note: Sections 1, 2 and 3 of the below should be completed by the manager, supervisor etc (please complete **ALL** boxes). Section 4 should be completed by the injured person (or if a near miss/dangerous occurrence the person involved in the incident) if required with the manager's assistance.

1. Type of incident (tick box applicable)

Date form completed …….

Fatality	RIDDOR major injury	RIDDOR more than three day injury	RIDDOR dangerous occurrence	RIDDOR disease	Minor injury	Non-RIDDOR dangerous occurrence	Near miss

If the incident is RIDDOR reportable, has the HSE been informed (HSE contact details below)? YES/NO
If the incident is a fatality or major injury has the HSE been informed by telephone? YES/NO
If the incident is RIDDOR reportable has Safety Department been contacted by telephone? YES/NO

RIDDORs can be reported to the HSE by telephone on 0845 300 9923 or by fax on 0845 300 9924 or on www.riddor.gov.uk

Date HSE informed of incident ……..

Date Safety Department informed …….

2. About the person reporting the incident

Reported by (name):

Job title:

Site/operation name:

Region:

3. About the injured person (if no injury go direct to section 4)

Name:

Address:

Age: Sex:

Job title:

Marital status:

Employer (if not Shanks):

Number years employed in current job:

Nature of injury (describe):

Lost time (days)

From: To:

First aid treatment given:

Treatment given by:

4. About the incident (to be completed by the injured person or person involved if required with manager guidance)

Where did the incident occur (if not Shanks site give address):

Was there a witness/s to the incident (if so give name/s etc):

Date of incident:

Time of incident:

What happened (please be factual and do not speculate):

In your opinion what was the cause of the incident:

Name of person completing section 4 (block capitals please):

Signature:

5. Reporting

The white and pink copies of this form **MUST** be received by Safety and Insurance Departments within 72 hours of any incident occurring. If you are in doubt as to whether the pink copy will be with Insurance Department within 72 hours telephone for advice or fax a copy rather than waiting. **ALL** RIDDORs **MUST** be reported to Safety Department by telephone as soon as possible after an incident occurs.

White copy – Safety Department, pink copy Insurance Department, yellow copy – site files