



Accident / Incident Report

Please ensure that ALL sections are completed

Project Details

Project Name:.....
 Location:.....
 Contract No:.....
 Date:.....

Location of Incident (e.g. site address)

Exact Location on Site:

Date of Accident	Time of Accident (Approx)	Location / Area Manager	Contact Information
What were the expected start and finish times on the day of injury	What time did the person return to work	Name Person Completing the Report	Contact Information

The Incident: Describe factually what happened. Include details of any * plant,* equipment,* vehicles or *substances and identify the actions of all those involved. Please include approximate measurements where relevant (e.g. height if a fall; speed if a collision). A photo or sketch of the scene is often helpful (*Where possible retain for inspection). Use the continuation sheet (PAGES 7 and 8) if necessary.

Injured Person Details

Surname	Forename(s)	Date of Birth
National Insurance Number	Occupation	Contact Information

Address:

Tick the description(s) which accurately categorises the injured person
(if asterisked, provide the name and address)

Direct Employee		Hourly Paid		Salaried	
*Self Employed		Engaged by J & E Hall		Engaged by Others	
*Employee of J & E Hall Sub-Contractor			*Employee / Representative of unrelated contractor on site		
*Clients or Main Contractors Employee		*Operator of hired plant or equipment		Hired by J & E Hall	Hired by Others
Member of public	*Other	If other please describe			
Name				Contact Info.	

Address:

Injury Details							
Indicate the type of injury				Indicate part of the body injured			
No Injury's sustained		Whiplash		Head		Arm	
Injury not ascertained		Inhalation		Face		Wrist	
Puncture wound		Irritation		Eye		Hand	
Graze		Foreign body		Ear		Finger	
Laceration		Crush injury		Nose		Thumb	
Abrasion		Burn		Teeth		Hip	
Amputation		Poisoning		Neck		Groin	
Fracture		Infection		Back / Spine		Thigh	
Strain		Scalds		Chest		Knee	
Sprain		Electrocution		Lungs		Calf	
Ligament damage		Concussion		Ribs		Ankle	
Dislocation		Scratch		Abdomen		Foot	
Bruising, contusion		Fatal		Shoulder		Toe(s)	
If other please state what:							
First Aid on Site				Hospital Treatment			
First Aider				Hospital Name			
Company				Address			
Contact Info.				Contact Info.			
Treatment				Treatment			
If no First Aid was given state the reason:				Was the injured person accompanied to a hospital?			
				By Whom			
				Next of Kin Informed			
Entry made into Accident Book				In Patient		Outpatient	
By Whom				Duration of absence from work			
Date				Certified fit to return to work			
Apparent Cause							
Slip		Trip		Fall		Stumble	
Contact with electricity		Contact with equipment		Misuse of tools		Exposure to substance	
Impact with a blunt object		Exposure to fire		Hot contact		Cold contact	
Handling materials		Manual handling		Personal assault		Windblown	
Struck against object		Struck by moving object		Dust		Adverse weather	
Struck by object		The wrong type of PPE		Other, please state what			
Any additional information regarding injury or treatment:							

Witness Statement

(A separate statement should be taken from each witness including the injured person)

Name	
Address	
Occupation	
Contact Info.	
Company	
Address	
Contact Info.	

Statement

To be signed by the witness to authenticate the above statement

I have read and would confirm that the facts stated in my witness statement above are a true and accurate record. This statement has been freely given by me the undersigned.

Name:Signature:Date:

Signed by anyone other than the witness to authenticate the above statement

Reason for the witness not signing the statement:

I the undersigned confirm that this witness statement has been taken

From: on: and is a true and accurate record and the witness has agreed I can sign their statement on their behalf.

Name:Signature:Date:

Questions asked and responses received during the interview of

.....

1. Who gave you the instructions to carry out the task?

2. What were those instructions?

3. What was your understanding of the instructions?

4. Did you feel the task was unsafe to carry out before commencing, if so, why did you not report it?

5. What is your competence to carry out the task?

6. What documents did you read and sign onto prior to commencing?

7. What is your understanding of J & E Hall accident / incident reporting procedure?

8. Who did you report the accident / incident to and when?

9. If the accident / incident was not reported immediately why?

10. Were there any witnesses to the accident / incident? If so what are their names?

11. What were the weather conditions at the time of the accident?

12. What were the lighting and ground conditions at the time of the accident?

13. Any other questions (please write them and the response either below or on the continuation sheets 7 and 8)

I confirm that the answers to the above questions are accurate and true.

Name:Signature:Date:

Accident / Incident Checklist

All sections on this checklist must be completed, by ticking the appropriate box where a section is not applicable, please indicate with n/a
It is imperative that if a tick is inserted, please ensure the relevant document is sent with this report

Description	Attached (Please Tick)
Copy of accident book entry	
Photographs of location	
Sketch of area	
Photographs of any injuries sustained	
Photographs of any plant or equipment involved	
Copies of any safe system of work including risk assessment, method statement, permit to work etc prior to accident / incident (With relevant signatures)	
Copies of any safe system of work including risk assessment, method statement, permit to work etc following accident / incident (With relevant signatures) (if applicable)	
Copies of any safe system of work including risk assessment, method statement, permit to work etc prior to accident / incident (With relevant signatures) Client or other contractor	
Copy of relevant training records external including trade competence	
Copy of relevant training records internal	
Copy of induction training records, J & E Hall International, Client, etc.	
Copy of Safety Handbook (tear out slip confirmation)	
Copy of completed health questionnaire	
Copies of any relevant toolbox talks either before or after accident / incident (toolbox talk script i.e. "what was discussed" and attendance register with signatures of IP and witnesses)	
Copies of all / any sick notes following accident / incident	
Copies of any letter to Clients, etc regarding conditions which led to the accident	
Witness statements (remember, the injured person is a witness too)	
Any other documentation relevant to the accident / incident (Please list)	

Name:Signature:Date:

Name:Signature:Date:

Route Cause of Incident:

Summary:

Continuation Sheet of: Page.....

Name:Signature:Date:

Summary Continued: