

Privacy Statement

- The Council processes your information in accordance with data protection legislation.
- We use this for accident and incident reporting and keep it for 10 years after the incident
- We also use this for monitoring and recording purposes
- You can find full details here www.falkirk.gov.uk/privacy

FALKIRK COUNCIL

ACCIDENT / INCIDENT/ VIOLENCE REPORT FORM - HR14 (4)

Section 1: Personal Details (of person involved in Accident/Incident/Violence)	
Name:	D.o.B.
Employee <input type="checkbox"/>	Non Employee <input type="checkbox"/>
Employee no: Work telephone no:	Pupil <input type="checkbox"/> Resident <input type="checkbox"/> Service user <input type="checkbox"/>
Job title:	Member of public <input type="checkbox"/> Contractor <input type="checkbox"/>
Place of work:	Home address (to include post code)
	Home telephone no:

Section 2: Details of Accident/ Incident /Violence			
When did Accident/ Incident occur:	Time:	Date:	
What Type of Accident /Incident:	Accident <input type="checkbox"/>	Dangerous Occurrence <input type="checkbox"/>	Violence <input type="checkbox"/> Near Miss <input type="checkbox"/>
Violence Incident, what category best describes the type of Violence;			
Physical : Assault <input type="checkbox"/>	Physical : Posturing <input type="checkbox"/>	Verbal <input type="checkbox"/>	Harassment (Type).....
Name of Perpetrator:		Any other information available on perpetrator:	
Where did the accident /Incident occur?	Location:		
Details of the accident /Incident:			

Section 3: Details of injury where applicable			
Description of the injury/ impact on the individual:			
Details of First Aid provided			
Signature of Injured Party: Where possible.		Date :	
Supervisor/ Manager	Name:	Signature :	Date :
Job title:			

Section 4 Accident Investigation:

Section 4 (a) Investigation Checklist: This Section 4 (a) to be completed when injured person has any time off work or attends Hospital for treatment as a result of this workplace accident. If there were no injuries, however the accident has had serious consequences, then the investigation must be conducted.

Where no time has been lost nor has employee visited hospital go to Section 4(b).

LOCATION OF ACCIDENT/INCIDENT

Mandatory fields:

Was the accident/incident caused by defects in the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have the defects been reported? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?
Have regular health and safety inspections been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are records of these inspections available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the Injured person working at height? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what safety precautions have been put in place to prevent falls of persons, equipment and material?

RISK ASSESSMENT/TASK

Mandatory fields:

Was a risk assessment available for the activity involved in the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the risk assessment available and up to date for the activity being carried out during the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were all control measures required by the risk assessment in place at the time of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not please give details of discrepancies and reasons for the non-compliances.
Is there a procedure for the activity being carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the correct procedure followed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the injured person trained to carry out the task? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the task simple or repetitive?
Was training required for the task Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what training was given and what records are available.

MANUAL HANDLING

To be completed for Manual Handling activities only:

If manual handling was a contributory factor to the accident was this identified in the risk assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, had the injured person received manual handling training? Yes <input type="checkbox"/> No <input type="checkbox"/> Are records available? Provide details.
Were manual handling/lifting aids available? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, were they used? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give reasons why.

HAZARDOUS SUBSTANCES

To be completed where hazardous chemicals involved in activities only:

Were hazardous substances involved in the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of the substance(s) involved.
Has a COSHH assessment been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, was the injured person made aware of the control measures required? Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSONAL PROTECTIVE EQUIPMENT (PPE)

To be completed where PPE required only:

Was the person who was involved in the accident issued with and wearing the correct PPE as identified in the risk assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, had the person involved in the accident been instructed in what PPE was required for the task and how it should be used. Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the PPE defective in any way? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details.
Has Respiratory Protective Equipment been identified as a control measure? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a face fit test been carried out for the injured person? Yes <input type="checkbox"/> No <input type="checkbox"/> Are records available? Yes <input type="checkbox"/> No <input type="checkbox"/>

MACHINERY/EQUIPMENT

To be completed where accidents involves machinery or equipment only:

Was machinery/equipment a contributing factor to the	If yes, give details of machinery involved in the accident/incident.
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accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the machinery/equipment been maintained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are records of maintenance available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the machinery/equipment defective i.e. any electrical problems or missing guards at the time of the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details.
Do employees carry out pre-use checks on the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes are there records of pre-use checks? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are statutory insurance inspections required for the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are the required records and certificates for the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attached documentation	
Any other issues Identified during Investigation:	
Are there photographs, pictures, diagrams and measurements of the site and machinery involved in the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached to form. Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 (b): Action Taken To Prevent Recurrence of Accident/ Incident			
Mandatory field:			
General actions:			
Action Plan			
Action to be taken	By Whom	Date to be completed	Date completed
Supervisor/ Manager	Name:	Signature :	Date :
Job title:			

Section 5 – Absence Details As A Result Of Accident/Incident to Employee

Was time taken off work? YES NO If No; Report is complete.

Was more than 3 days taken off? YES NO If less than 7: Report is complete.

Was more than 7 days taken off? YES NO If Yes then go to Section 6.

N.B. * If absence lasts for more than 7 days (not counting the day of the accident), the Line Manager MUST notify the HSE within 15 days. (See details below on how to report to HSE)

Section 6 - Report to Health and Safety Executive (HSE)

Reporting of Injuries, Diseases & Dangerous Occurrence Regulations (RIDDOR)

Section 6a: Main categories of RIDDOR reports.

Employee RIDDOR accidents:

Fatality/serious incident; **In case of a fatality contact Health Safety & Care Team and your Director Immediately**

A fracture, other than to fingers, thumbs and toes;

Amputation of an arm, hand, finger, thumb, leg, foot or toe;

Unconsciousness caused by head injury or asphyxia;

An employee is absent from work or is unable to perform their normal work for more than 7 consecutive days, not including the day of the accident, days that the employee would not normally work i.e. rest days or weekends are to be counted;

Non-employee RIDDOR accidents:

Resulted in non-employee being taken to hospital from scene of accident for treatment as a result of

Injured as a result of Council Activities;

Injured as a result of faulty equipment/premises. (See Accident/Incident Reporting Policy section 3.2)

Section 6b: REPORTING TO THE HSE

➤ All of the above should be reported within 10 days on line to HSE.

➤ Where an absence is over 7days as a result of an accident it must be reported to the HSE within 15 days.

REPORT VIA: INTERNET: <http://www.hse.gov.uk/riddor/report.htm> Printed form to be attached to accident/Incident form HR14(4)

DATE REPORTED TO H.S.E:

Name of Person reporting accident to HSE:

Date:

***Note: Copy of the report form the H.S.E. to be attached to this accident/incident reporting form for recording purposes.**

Section 7- Witness Statement(s)
Witness Report of Accident/Incident

Page of

N.B. If more than one witness statement, please photocopy this page and attach it to the form.

Did you witness the actual accident/incident taking place?

YES

NO

Did you attend the scene after the accident/incident took place?

YES

NO

Are you a council employee

YES

NO

NAME OF WITNESS

Address/ or place of work

Telephone number:

WITNESS STATEMENT:

Witness:

Printed Name: Signed Date

Job description:.....

Employee number:

Falkirk Council will process this data in accordance with data protection legislation for recording and monitoring purposes in relation to our Health & Safety Policy and Procedures. In order to comply with Health & Safety Legislation, Falkirk Council may have to disclose details of this accident/incident to other parties.

Health, Safety & Care: Official Use Only

Change Authorisation sheet for HR14 form: HR14 (3) Modified text for R/L input in defined fields.

External No:

ResourceLink No:

DATE:

Employee:

Resident:

Service User:

Pupil:

Section 3 of Accident Report

Sect 3a - Description of Acc/Inc

RL Section: **Details**

Type:

Code:

Kind:

Code:

Insert **brief description** of information given at Sect 3a.

Description of Injury

RL Section: **Details Con't.**

Cause:

Code:

Status:

Code:

RIDDOR

YES NO

RIDDOR DATE:

Insert information given as a **longer description** of injury Section 3a.

Section 4, Managers Investigation.

Immediate Action Taken to prevent recurrence of
Acc/Inc

RL Section: **Notes:**

Insert any information given

Proposed Further Action to prevent recurrence of
Acc/Inc.

RL Section: **Notes Con't**

Insert any/action taken by Manager.

Section 8: Witness Statement

Input any names given at this section.

Any other Comments: