

(NAME OF HOME)

Accident / Incident / Near Miss Report Form

C4-001

Name of person completing this form:
Date of completion:

**Section 1. Information about the person involved in the accident / incident.
(Hereafter referred to as accident)**

Surname:	Age in years:	Please indicate if:	<i>Tick</i>
First names:	Male / Female:	Employee	
		Service User	
Normal job title:	Payroll No:	Contractor *	
		Student / placement*	
		Member of public**	
Usual place of work:		Other ** Please specify:	
* If the injured person was working on site but not employed by the home (e.g. by a contractor) please state the name and address of their employer:			
**If the injured person is a member of the public, please state their address and reason for being on site:			

Section 2. Information about the location of the accident, and treatment.

Exact address and location of the accident:	Date of accident: (d) __ / __ (m) __ / __ (y) __ / __
	Time of accident: e.g. 13.00 hours or 1pm: _____
Details of injuries: <i>(please be as specific as possible e.g. laceration of little toe, right foot):</i>	
Was the person treated in hospital?	YES / NO
If YES, please say which hospital:	
Was the person detained in hospital for more than 24 hours? If YES, this may be reportable to HSE using Form F2508.	YES / NO
What treatment was given?	

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Section 3. A description of the accident, with details of witnesses.

*Give a full account of the accident. Explain exactly what is known to have happened and what people involved were doing. Please do not try to say what you think **might** have happened. Indicate heights and distances if possible and draw a sketch if that will help you.*

Continue on separate sheets if necessary.

Name and Address of Witness:

Name and Address of Witness:

Use separate sheet if there were more than two witnesses.

Section 4. Detail required if the accident involved an employee or contractor.

What hours was the person expected to work on the day of the accident?	From:	To:
Please indicate the actual hours that the person worked on the day of the accident?	From:	To:
Did the accident happen in a place where the person was supposed to be? YES / NO		
Did the accident arise out of work that was being done at the time?		YES / NO
Has the person returned to work yet?		YES / NO
If NO, What is their present condition, if known?		

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Section 5. Reporting the accident.

5.1 Reporting in the home.	
Whom was the accident reported to?	<i>Please print name.</i>
Position:	
Signature of the person who received the report:	
Date and time of report:	
5.2 Was the accident subject to an investigation or inquiry by either the police or other agency? YES / NO	
If YES, please give details of: Name: Organisation: Rank / position: Contact telephone number:	
5.3 Has the accident been classed as 'reportable' as required by RIDDOR Regulations? YES / NO	
5.4 Has the next of kin been informed? YES / NO	
If YES, please give details of: Who was notified? Relationship? By whom?	

Section 6. What remedial action has been taken to remove the hazard or prevent recurrence?

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Signature of the manager or senior member of staff of duty at the time of the accident:

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Issue No: 1 Rev: 1 Issue Date: Approved by: