

Accident, Injury and Near Miss Report Form

- For accidents or injury complete sections 1.2.3 & 4
- For Near Misses complete sections 1 & 2 only
- **Once completed this form should be forwarded to the Operations and Estates Team within 24hrs and a copy retained on school files.**

1. Details of Casualty or Person involved in Near Miss

Forename: Surname:

Date of Birth: Age: Male Female

Address & Postcode:

Status

ATLP Employee Contractor

Student/Pupil Member of the Public

Visitor Other (please state)

Tel:

Volunteer

If the injured person is employed by someone other than ATLP state name, address, telephone number of employer and reason for being on the premises / site:

At the time of the accident was the injured person authorised to carry out the task being performed

Yes
No

If no, provide details.

2. Accident/ Near Miss Details

| | |
|---|----------------------|
| Name of school/ATLP premises where incident occurred | <input type="text"/> |
| State clearly where on the premises the incident occurred | <input type="text"/> |

Is the casualty or the person involved normally authorised to be in this area? Yes No

If No - Please state the reason the casualty or the person involved were in the location at the time of the incident.

Date of Accident/ Near Miss: Time of Accident/ Near Miss: am/pm

Date Reported : Time Reported: am/pm

Reported to: Reported By:

Description of how the accident / near miss occurred.

Accident Type (e.g. fall):

3. Details of damage, injury or ill-health

Damage or part(s) of body Injured: Injury type(s):
 e.g. left leg or 1st finger left hand e.g. fracture or laceration

First-Aid Administered? YES NO If yes by whom?

First-Aid Treatment Given:

Please ✓ one of the following where applicable:

| | | |
|--|-----------------------------|--------------------------|
| <input type="checkbox"/> Fatality | Person needed resuscitation | <input type="checkbox"/> |
| <input type="checkbox"/> Non-Employee taken from the premises / site to hospital | Major Injury to employee | <input type="checkbox"/> |
| <input type="checkbox"/> Person became unconscious | Dangerous occurrence | <input type="checkbox"/> |
| <input type="checkbox"/> Employee admitted to hospital for more than 24 hours | Over seven day absence | <input type="checkbox"/> |
| <input type="checkbox"/> Fall from height ... | Minor Injury/No Injury | <input type="checkbox"/> |
| Fall height (in metres): <input type="text"/> | | |

If a non employee/service user has been taken to hospital was it due: A) Solely to the injured persons medical condition Y/N B) Sports Accident Y/N

Number of days lost (includes weekends/non workdays) Is the absence continuing? Yes No
 (not yet returned to work)

4. Witnesses Details:

Witness statements attached. YES NO

Name, Address and Telephone.

| | |
|-------------------------|-------------------------|
| 1. <input type="text"/> | 2. <input type="text"/> |
|-------------------------|-------------------------|

Details of the accident recorded school file; copy passed to Operations & Estates Team? YES NO

For Operations & Estates team use only:

| | |
|--|-----|
| Date Received | |
| Name of Operations & Estates Manager receiving this form | |
| Investigation Date | |
| RIDDOR Reportable? | Y/N |
| RIDDOR Report Number | |
| Date reported to HSE | |

From the investigation, what has been identified as the root cause of the incident?

Were there any defects to the premises/equipment that caused the accident? Yes No

5. Actions Necessary to Prevent or Remove the Potential for Accident

Prior to the accident/near miss had a risk assessment been completed for the activity? Yes No

Post Accident / Near Miss existing risk assessment reviewed or new risk assessment completed? Yes No

If NO, give reasons:

State what action has been taken or planned to reduce the risk of an accident / incident:

Type of near-miss (please tick most appropriate):

| | |
|-------------------------|--------------------------|
| Unsafe equipment | <input type="checkbox"/> |
| Unsafe act | <input type="checkbox"/> |
| Unsafe condition | <input type="checkbox"/> |
| Unsafe use of equipment | <input type="checkbox"/> |

Additional Comments received from H&S Advisor

Operations & Estates Manager Signature:

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Date: