

Add school

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| **ACCIDENT** |  |
| **INCIDENT** |  |
| **NEAR MISS** |  |
| **PLEASE MARK WHICH ABOVE APPLIES BY X IN BOX OR INDICATE OTHER** |  |

**ADULT NAME: Role: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **What was the person doing at the time of the accident?**   1. Date and Time: 2. Exact location: 3. Describe how the accident occurred: (use additional sheet if necessary) | | | |
| **Was a first aider called?** | | **Name of first aider** | |
| **What treatment was administered and what advice was given?** | | **Was hospital treatment sought immediately?** | |
| **Was hospital treatment sought after the incident/accident?** | |
| **What injuries were caused? (if known)** | |
| **All boxes below must be completed** |  |  |  |
| **Staff member in charge at the time:** |  | **Have any post accident risk assessments been carried out which have any relevance to the accident.** |  |
| **Was a RIDDOR form submitted to the H&S dept.** |  | **Documentation showing the content of the training to be attached where relevant** |  |
| **Was a witness statement completed by a staff member?** |  | **Additional information**  **Photographs, statements etc.** |  |
| **Risk assessments which have any relevance to the accident.** |  | **Has the H&S manager been contacted following the reporting of this accident.** |  |

*Any Further information…..*

**Where possible this should be filled in on the day of the accident/incident and forwarded immediately to health and safety manager**

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| **Investigation**   1. Accident / Incident Matrix – What score is the accident and why? 2. Just Decision Tree – What decision have you come to? 3. Witness Statements – What does this show? –CCTV – What can you see? – 4. Pictures – Damage/Injury? 5. Training Records – What does this prove? 6. Risk Assessments – Highlight/Discuss areas that haven’t been followed**.** 7. Accident History – Previous accidents? If not please state. 8. Health and Wellbeing on the day of incident – was the IP feeling okay? 9. Site Maintenance (what was the site like today – wet e.g. ?) 10. Scene of the Accident – General state of the area? - 11. Alcohol/Drugs information (any concerns**)** 12. Investigation / Disciplinary notes – Anything to consider**?** 13. Previous Engagement Book Entries – Previous unsafe acts? If so what were they? |
| **Conclusion and Further information** |

**Accident Investigation Report Sheet**

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| **Recommendations and action taken.**  **\*Recommendations from relevant conclusions\*** |
| **I confirm that all follow up action and post risk assessment have been completed where necessary.**  **Accountability – Headteacher - Health and Safety Facilities Manager**  **Signature: Date:** |
| **I confirm I have read and accept this investigation report findings, conclusion, recommendations and further review.**  **Name of Staff Member/Parent of Pupil:**  **Signature: Date:**  **Name of injured person (if Adult):**  **Signature: Date:** |
| Form Completed by:  First Aid Replenished? |