

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)
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| **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?
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| **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? |