



**EAST RIDING**  
OF YORKSHIRE COUNCIL

## Reporting Accidents and Incidents

### Safety Guidance Note

<b>Lead Directorate and Service:</b>	Corporate Resources – Human Resources, Safety Services
<b>Effective Date:</b>	April 2012
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## Introduction

The following is a guide for managers. It covers the completion of the Accident Incident Form, used for the reporting of all accidents and incidents, including those of violence and/or aggression. The enclosed table must be used as a guide to the appropriate means of recording the accident or incident.

This guidance note should be read in conjunction with the safety guidance document on Accident/Incident Investigation Guidance.

A flow chart is provided at the end of this document that can be used as a quick reference.

## How to Complete the Accident Incident Form (AIF)

The following is a short guide on the completion of the Accident Incident Form. It outlines what information needs to be placed in the relevant sections:

### About You

Name of person making report:	Your name. For employees, this must be the line manager wherever possible.
Position/Job Title:	Line manager, headteacher, guardian of injured person etc.
Directorate:	Corporate Resources, CFAS etc.
Service:	Culture and Information, Adult Services etc.
Section:	Children's Centres, Support Services, Catering, etc.
Email Address:	Email address of person making the report.
Centre, Facility, Depot:	Goole Depot, Bridlington Sports Centre, School, etc.
Street: Town: Post code:	Full postal address of the facility.

### About You (person completing the form ie line manager)

Title	Forename	Surname	
Job Title		Your Phone Number	
Directorate			
Section			
Service			
Centre, Facility, Depot			
Street			
Town			
County			
Post Code			
E-mail			

Did the incident happen at the above address?  Yes  No

*If 'Yes' please Go To Page 2*

If the accident/incident happened at the details given above then the next section should be skipped.

Select one of the three options for 'Where did the incident happen?'

Add the address details or if an address is not known, for example, if the incident happened on a beach, then give the details in the box provided.

***ONLY complete this section if the incident happened away from your main address***

Other details about where the incident happened

\*Where did the incident happen?

Elsewhere in your organisation

At someone else's premises

In a public place

Address Line 1

Address Line 2

Town

County

Post Code


Details of where the accident happened (if the address is not known)

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## About the Incident

The following section is about the incident and the kind of incident, the work process and the main factor in the cause of the incident and a description of what happened:-

Insert the date and time in the appropriate boxes.

Indicate where the incident happened, ie in the sports hall, in the yard by the entrance, in the plant room, etc.

From the list of 'Kind' of accident, select one of the 16 options which best describes the accident. If the accident was a fall from height then please indicate in the following box the distance in metres which the person fell. An approximation will suffice.

From the list of 'Processes Involved' in the incident select one of the 17 options which best describes the incident.

From the list of 'Main Factors Involved' in the incident select one of the 14 options which best describes the main factor which caused the incident.

**About the incident**

\*Incident date

\*Incident time (24 hr clock)

\*Where on the premises/site, did the incident happen?

**About the kind of accident.**

\* *Select one of the following*

Contact with machinery	Drowned or asphyxiated
Struck by object	Exposure to harmful substance
Struck by moving vehicle	Exposed to fire
Struck against	Exposed to explosion
Lifting and handling injuries	Contact with electricity
Slip, trip, fall same level	Injured by an animal
Fall from height	Physical assault
Trapped by something collapsing	Another kind of accident

If a fall from height, how high was the fall? (in metres)

Tick box if incident was a road traffic accident (RTA)

**\*Work process involved in the incident** *Select one of the following*

Production, manufacturing or processing	Monitoring / inspection
Storing / warehousing	Service or assistance to the public
Construction - new building	Teaching, training, office work
Construction - civil engineering, infrastructures, roads, bridges, ports	Commercial activity - buying, selling and associated services
Construction - remodelling, repairing, extending, building maintenance	Maintenance, repair
Demolition	Movement, including aboard transport
Agricultural work, forestry, horticulture, fishing, work with animals	Sport or artistic activity
Cleaning - industrial or manual	Other process not listed above
Waste management, disposal, treatment	

**\*Main factor involved in the incident** *Select one of the following*

Walking on a sharp object	Being caught or carried away by something (or by momentum)
Kneeling, sitting or leaning on an object	Lifting, carrying, standing up
Electrical problem, explosion or fire	Pushing, pulling
Overflow, leak, vaporisation or emission of liquid, solid or gaseous product	Putting down, bending down
Breakage, bursting or collapse of material	Twisting, turning
Loss of control of machinery, transport or equipment	Shock, fright, violence, aggression**
Slip, stumble or fall	Other cause not listed above

If the shock, fright, violence or aggression box is ticked above, please provide further details:

*\*\*If shock, fright, violence or aggression, please specify whether it was:*

Physical and wilful violence or aggression

Non-wilful violence or aggression

Verbal abuse/intimidation/threatening behaviour (face-to-face or other)

In the following box, please give a full, accurate and factual description of the incident

**\*Describe what happened**

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The description should clarify the circumstances and details of the incident:-

Why did the incident happen? Be specific, was it caused by an unsafe system of work, eg failure to use the correct equipment for working at height?

Consider:

- The events leading up to the incident. Be specific and factual, keep to the incident;
- What happened;
- Who was involved;
- Where did it happen;
- Note any safe working systems in place;
- Risk assessments;
- Equipment and facilities in use/available.

If in doubt, please contact safety services. You will need to include as much detail as possible. It is not acceptable to enter 'fell over' or similar. Be factual and remember this is not a story but a report.

**The next section covers details about the injured person.**

**About the Injured Person**

Title	*Forename	*Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Address Line 1	<input type="text"/>		
*Address Line 2	<input type="text"/>		
*Town	<input type="text"/>		
*County	<input type="text"/>		
*Post Code	<input type="text"/>	Phone No	<input type="text"/>
*Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age <input type="text"/>

**Injured person's employment status**

\*What is the person's occupation or job title?

Was this person on a school trip?  Yes  No

**\*Was the injured person:** *Select one of the following*

<input type="checkbox"/> One of your employees?	<input type="checkbox"/> On a training scheme?	<input type="checkbox"/> Employed by someone else?
<input type="checkbox"/> On work experience?	<input type="checkbox"/> Self-employed and at work?	<input type="checkbox"/> Member of the public?
<input type="checkbox"/> Child/Pupil	<input type="checkbox"/> Resident/Service User	<input type="checkbox"/> Volunteer

Details if the injured person was on a training scheme/employed by someone else ie company name and address

## Details about the Injured Person involved in the incident

In the section above, please complete the details about:

The persons name, address, their gender and age.

Add the person's occupation or job title in the box. In cases of non-employees, the information on the occupation could be their status ie member of the public, etc.

Complete 'was this person on school trip?'

In the 'Was the injured person' selection box; select only one of the options.

If the person is a contractor you must give the name and address of their employer.

If the person is a trainee, then you must give details of the training scheme.

In cases of doubt regarding the status of a person contact safety services.

The following section covers details about the injuries that the person involved in the incident received.

In the following boxes please select only one option from each box.

### About the injured person's injuries

\*Injured person's injuries *Select one of the following*

Amputation	Asphyxia or poisonings
Loss of sight	Strains and sprains
Fracture	Superficial injuries
Dislocation without fracture	Multiple injuries
Concussion and/or internal injuries	Electric shock
Lacerations and open wounds	Natural causes
Contusions and bruising	Other known injuries
Burns	Other not known

\*Part of the body affected *Select one of the following*

Eye	Wrist
Ear	Upper limb
Other parts of face	Several upper limb locations
Head	Toe
Several head locations	Foot
Neck	Ankle
Back	Lower limb
Trunk	Several lower limb locations
Several torso locations	Several locations
Finger or fingers	General locations
Hand	Unknown locations

Select at least one of the following boxes:

*Please check as many of the following 4 options as apply:*

- |                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The injured person became unconscious<br><input type="checkbox"/> The injured person needed to be resuscitated<br><input type="checkbox"/> The injured person remained in hospital for more than 24 hours<br><input type="checkbox"/> None of the above |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Severity of injuries and preventative actions

This section covers the severity of the injuries and the preventive actions that will or have been taken.

What was the severity of the injury?

Please read the option carefully, if you are unsure please contact safety services for guidance.

**Reportable Option:** These options determine that the incident is reportable to the HSE as a legislative requirement. If appropriate tick one and move to the preventative action box. **See note below.**

**Or Lost time option:** This option is required for employees only. If the incident causes lost time of up to 7 days then select one of the options in this part then move to the preventative action box

In order to ensure monitoring of the number of lost days due to accidents and incidents at work, please determine the start date of any absence. If at all possible, indicate the start date. You can notify us of a return to work date at a later time, by emailing [safety.services@eastriding.gov.uk](mailto:safety.services@eastriding.gov.uk).

*Please specify start date of absence (if different to the date of the incident)*

*Please specify the return to work date (if known)*

## Preventative Action

The aim of this section is to record what action has been/will be taken to prevent reoccurrence of this type of incident and should be completed after careful consideration of the event. Tick the relevant boxes and give a brief explanation of the preventative action.

If in doubt contact safety services.

### **Risk Assessment Review:**

Example: *Ensure an appropriate significant risk assessment is in place and reviewed after the incident.*

### **Guarding:**

Example: *The standard of guarding/ barriers will be improved.*

### **Training:**

Example: *Additional refresher safety/ skill training will be provided before employees attempt a similar task.*

### **Discipline:**

Example: *Follow the councils' policy and guidance regarding disciplinary action.*

### **Prohibition:**

Example: *Employees will be prohibited from entering a particular area or undertaking a particular task.*

### **Procedures:**

Example: *Changes will be made to the system before employees attempt a similar task.*

### **Repairs Requested:**

Example: *TWR raised to rectify the problem. Area cordoned off until repaired.*

**Protective clothing obtained:**

Example: *Where for any reason protective clothing was not supplied, it will be.*

**Protective clothing enforced:**

Example: *The wearing of protective clothing will be strictly enforced.*

**Supervision:**

Example: *The standard of supervision will be improved until deemed to be sufficient.*

**Other:**

Example: *Details should be given of any of the above, plus anything not covered*

\*What was the severity of the injury? *Select one of the following 10 options*

**Reportable Option**

<input type="checkbox"/> Fatality	<input type="checkbox"/> Major injury	<input type="checkbox"/> Injury preventing the injured person from working for more than seven days	<input type="checkbox"/> Member of the public - taken directly to hospital
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**Lost time option**

<input type="checkbox"/> No absence	<input type="checkbox"/> 1 -3 Days	<input type="checkbox"/> 4 -7 days
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**Preventative Action**

What action has been (or will be) taken to prevent recurrence?

<input type="checkbox"/> Risk Assessment Review <input type="checkbox"/> Guarding <input type="checkbox"/> Training <input type="checkbox"/> Repairs requested	<input type="checkbox"/> Protective clothing obtained <input type="checkbox"/> Protective clothing enforced <input type="checkbox"/> Supervision <input type="checkbox"/> Other	<input type="checkbox"/> Discipline <input type="checkbox"/> Prohibition <input type="checkbox"/> Procedures
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

**Give brief explanation of preventative actions;** List any other actions and give brief explanation

**Note regarding RIDDOR Reportable incidents**

**Reporting during normal working hours**

Safety services should be contacted **as soon as possible** following the incident on telephone number 01482 391117. Following discussion with safety services a completed Accident Incident Form **must be** forwarded by email to [accident.reporting@castriding.gov.uk](mailto:accident.reporting@castriding.gov.uk), so that the information can be placed on the corporate accident reporting database and an F2508 form can be generated by the system for forwarding to the HSE.

The F2508 will then be returned by email to the manager for their information and recording purposes. A copy of the forms should be sent to the employee’s trade union representative if requested.

## Reporting out of normal working hours

In the event of a work related fatality or where there is strong likelihood of death following an accident at/or connected with work, outside of the normal working hours, the relevant head of service must be notified in order that the safety manager can be made aware of the situation. The HSE should then be contacted in accordance with their out of hours reporting system as detailed below.

The HSE Duty Officer should be contacted on the telephone number 0151 922 9235.

Other major injuries that occur outside of normal working hours should be reported to safety services at the earliest available opportunity. Safety services will then discuss action to be taken in relation to reporting to the HSE, where applicable.

- (a) **Fatality** - any person who is killed as a result from the work activity.
- (b) **Major injury** - tick box
- (c) **More than 7 days incapacity to work** (incidents involving employees):

This relates to consecutive days. All days count including holidays, weekends rest days etc. The form should be held back until 6th day, then contact injured person to determine their availability for work. If they are still unfit for work, then contact safety services to discuss.

For example an incident occurs on a Thursday:  
Thursday Not Counted  
Day 1 – Friday  
Day 2 – Saturday  
Day 3 – Sunday  
Day 4 – Monday  
Day 5 – Tuesday  
Day 6 – Wednesday  
Day 7 - Thursday  
Day 8 – Reportable - contact safety services

## Member of the public taken directly to hospital – Non Employees Only

When any member of the public including visitors, residents, pupils, etc. **(but not an employee)**, is **known** to have been taken directly to hospital from the scene of an incident, where the cause was directly attributed to or arising out of or in connection with a work activity this box should be ticked. For example, a person tripped and fell after tripping in an unrepaired pot hole but not if the person tripped over and no cause could be found, or it was due to a known medical condition, or due to the nature of sports activity.

If the incident was an act of violence or aggression then please complete the following information.

## Give details of the perpetrator

*For use only if the incident was assault or violence related and the details are known.*

Name
Address

### \*Level of Investigation undertaken

Minimal  Low  Medium  High

Please contact Safety Services if advice or assistance is required.

**You must contact Safety Services if the level of investigation is Medium – High.**

The Accident/Incident Investigation Guidance should be referred to and the appropriate level of investigation determined. In medium-high level investigations, safety services must be contacted.

Likelihood of recurrence of a similar kind of incident (eg lifting and handling, exposure to harmful substance)	The severity of the incident			
	Minor	Serious	Major	Fatal
Certain				
Likely				
Possible				
Unlikely				
Rare				

<b>Minimal</b>	<b>In a minimal level investigation, the relevant supervisor will look into the circumstances of the event and try to learn any lessons, which will prevent future occurrences. The BI510 Accident Book (or equivalent) must be completed</b>
<b>Low</b>	<b>A low level investigation will involve a short investigation by the relevant supervisor or line manager into the circumstances and immediate, underlying and root causes of the incident, to try to prevent a recurrence and to learn any general lessons. The BI510 Accident Book (or equivalent) and AIF must be completed.</b>
<b>Medium</b>	<b>A medium level investigation will involve a more detailed investigation by the relevant supervisor or line manager, the safety officer and union representatives will look for the immediate, underlying and root causes.</b>  The BI510 Accident Book (or equivalent) and AIF must be completed plus Accident Incident Investigation Form and Accident Incident Personal Statement(s)
<b>High</b>	<b>A high level investigation will involve a team-based investigation, involving supervisors or line managers, health and safety officers and union representatives. It will be carried out under the supervision of Safety Services and will look for the immediate, underlying and root causes.</b>  The BI510 Accident Book (or equivalent) and AIF must be completed plus Accident Incident Investigation Form and Accident Incident Personal Statement(s)

Lastly complete the following section:

### Manager Declaration

Name:  Position:  Date

By ticking this box  I confirm that the information contained on this form is to the best of my knowledge, a true reflection of the information obtained in relation to this incident at the time of completion.

*When complete, this form must be sent immediately to [accident.reporting@eastriding.gov.uk](mailto:accident.reporting@eastriding.gov.uk).*

*If this incident is reportable to the HSE under RIDDOR, please contact Safety Services so that it can be processed immediately, either by telephone on 01482 391117 or by email: [safety.services@eastriding.gov.uk](mailto:safety.services@eastriding.gov.uk)*

### What Happens to the Completed Accident Incident Form?

This form should be sent electronically to [accident.reporting@eastriding.gov.uk](mailto:accident.reporting@eastriding.gov.uk). The form and any other information will be stored within the accident database.

Any additional information relating to the incident should be forwarded as soon as possible to the dedicated accident reporting email addresses, or, in the event of a large amount of documentation, to Document and Data Processing Centre (either disc or hard copy), clearly stating which accident the information relates to, for recording purposes. This information could include photographs, witness statements, correspondence etc.

The completed form must be retained for approximately 6 years and in the case of children a minimum of 3 years after the age of 18

### Near Miss Reporting



This triangle indicates that for every one major injury suffered by one, individual employee; they will have around 300 near miss incidents. This indicates the importance of reporting and investigation near miss incidents. For this reason, a dedicated Near Miss Report has been produced.

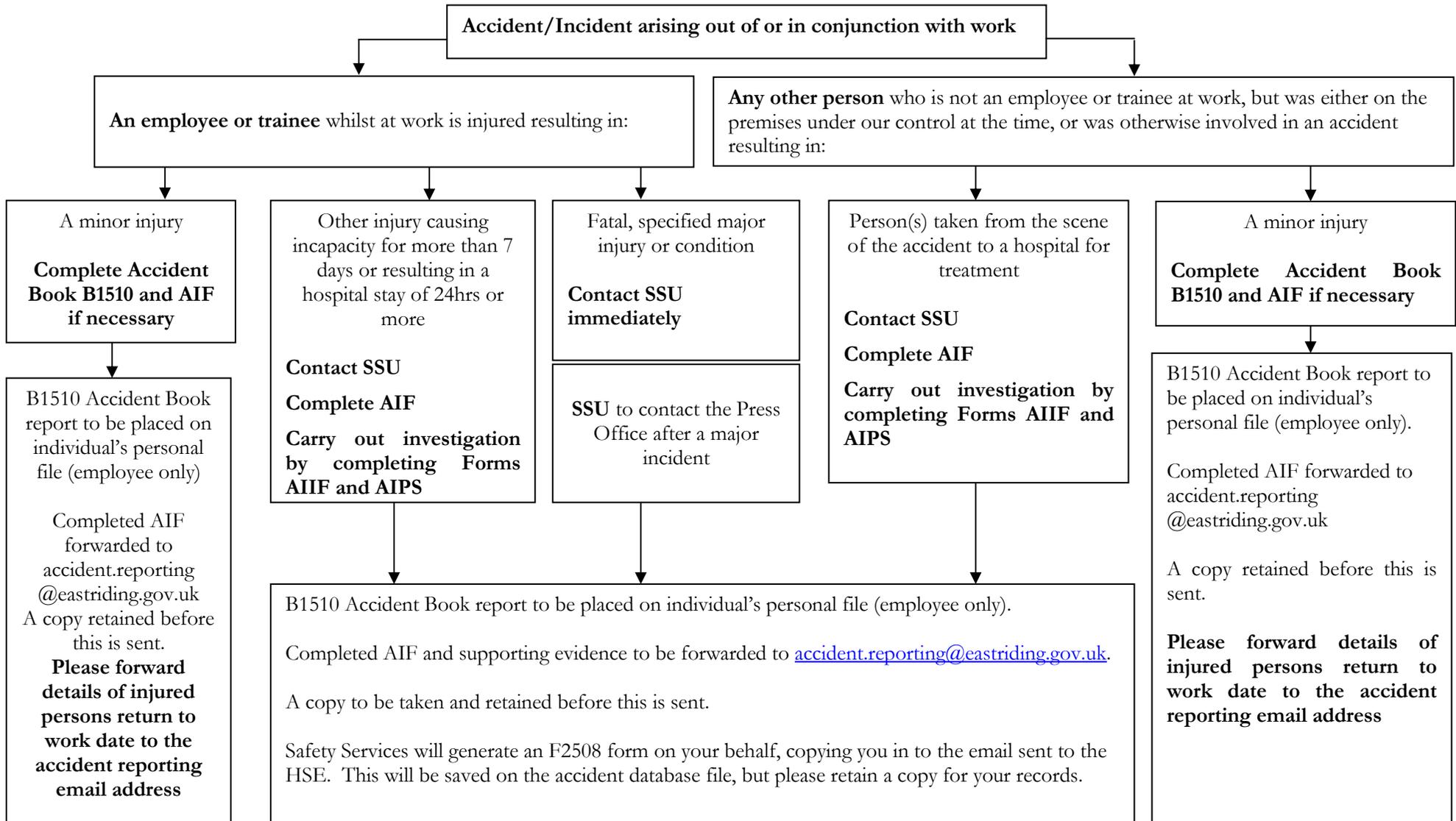
All parts of the Near Miss Report should be completed. The form includes an element of investigation. However, you should refer to the Accident/Incident Investigation Safety Guidance Document and consider the potential severity and likelihood of recurrence of the near miss incident. If the potential risk categorisation and subsequent level of investigation would be medium or high, then safety services must be contacted.

The completed Near Miss Report should be emailed to [accident.reporting@eastriding.gov.uk](mailto:accident.reporting@eastriding.gov.uk), and a copy retained on site. In addition to any preventative measures to be taken, such as training, increased supervision,

revised safe working procedures, employees must be made aware of the incident and the actions being taken to prevent recurrence.

## Flowchart for Dealing with Accidents/Incidents

Please Note - Accidents Within The Workplace Must Be Reported Within A Timely Manner. Legislation Dictates That Specific Accidents/Injuries Must Be Reported To The HSE Within 15 Days. Please Ensure That All Accidents Are Reported Promptly To Ensure Legal Compliance.





AIF 2012

# ACCIDENT INCIDENT FORM

\* Denotes **Mandatory** Information

Accident book number

**About You** (Person completing the form i.e. line manager)

*Title	*Forename	*Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Job Title	<input type="text"/>	*Your Phone Number	<input type="text"/>
------------	----------------------	--------------------	----------------------

*Directorate	<input type="text"/>
*Section	<input type="text"/>
*Service	<input type="text"/>

*Address Line 1	<input type="text"/>
Address Line 2	
*Town	
County	
*Post Code	

*School name, depot, etc  
Street name  
Town*

\*E-mail

\*Did the incident happen at the above address?  Yes  No

***If 'Yes' please Go To Page 2***

***ONLY complete this section if the incident happened away from your main address***

Other details about where the incident happened

\*Where did the incident happen?

Elsewhere in your organisation  At someone else's premises  In a public place

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>

Details of where the accident happened (if the address is not known) \_\_\_\_\_

**About the incident**

\*Incident date

\*Incident time (24 hr clock)

\*Where on the premises/site, did the incident happen?

**\*About the kind of accident.***Select one of the following*

Contact with machinery	<input type="checkbox"/>	Drowned or asphyxiated	<input type="checkbox"/>
Struck by object	<input type="checkbox"/>	Exposure to harmful substance	<input type="checkbox"/>
Struck by moving vehicle	<input type="checkbox"/>	Exposed to fire	<input type="checkbox"/>
Struck against	<input type="checkbox"/>	Exposed to explosion	<input type="checkbox"/>
Lifting and handling injuries	<input type="checkbox"/>	Contact with electricity	<input type="checkbox"/>
Slip, trip, fall same level	<input type="checkbox"/>	Injured by an animal	<input type="checkbox"/>
Fall from height**	<input type="checkbox"/>	Physical assault	<input type="checkbox"/>
Trapped by something collapsing	<input type="checkbox"/>	Another kind of accident	<input type="checkbox"/>

*\*\*If a fall from height, how high was the fall? (in metres)*Tick box if incident was a road traffic accident (RTA) **\*Work process involved in the incident** *Select one of the following*

Production, manufacturing or processing	<input type="checkbox"/>	Monitoring/inspection	<input type="checkbox"/>
Storing/warehousing	<input type="checkbox"/>	Service or assistance to the public	<input type="checkbox"/>
Construction - new building	<input type="checkbox"/>	Teaching, training, office work	<input type="checkbox"/>
Construction - civil engineering, infrastructures, roads, bridges, ports	<input type="checkbox"/>	Commercial activity - buying, selling and associated services	<input type="checkbox"/>
Construction - remodelling, repairing, extending, building maintenance	<input type="checkbox"/>	Maintenance, repair	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	Movement, including aboard transport	<input type="checkbox"/>
Agricultural work, forestry, horticulture, fishing, work with animals	<input type="checkbox"/>	Sport or artistic activity	<input type="checkbox"/>
Cleaning - industrial or manual	<input type="checkbox"/>	Other processes not listed above	<input type="checkbox"/>
Waste management, disposal, treatment	<input type="checkbox"/>		

**\*Main factor involved in the incident** *Select one of the following*

Electrical problem, explosion or fire	<input type="checkbox"/>	Being caught or carried away by something (or by momentum)	<input type="checkbox"/>
Overflow, leak, vaporisation or emission of liquid, solid or gaseous product	<input type="checkbox"/>	Lifting, carrying standing up	<input type="checkbox"/>
Breakage, bursting or collapse of material	<input type="checkbox"/>	Pushing, pulling	<input type="checkbox"/>
Loss of control of machinery, transport or equipment	<input type="checkbox"/>	Putting down, bending down	<input type="checkbox"/>
Slip, stumble or fall	<input type="checkbox"/>	Twisting, turning	<input type="checkbox"/>
Walking on sharp object	<input type="checkbox"/>	Shock, fright, violence aggression**	<input type="checkbox"/>
Kneeling, sitting or leaning on an object	<input type="checkbox"/>	Other cause not listed above	<input type="checkbox"/>

*\*\*If shock, fright, violence or aggression, please specify whether it was:*

Physical and wilful violence or aggression

Non-wilful violence or aggression

Verbal abuse/intimidation/threatening

behaviour (face-to-face or other)

**\*Describe what happened**

---

**About the Injured Person**

Title                      \*Forename                                              \*Surname

\*Address Line 1

\*Address Line 2

\*Town

\*County

\*Post Code                                                                      Phone No

\*Gender      Male                            Female                            Age

**Injured person's employment status**

\*What is the person's occupation or job title?

Was this person on a school trip?                      Yes                            No

**\*Was the injured person:** *Select one of the following*

- |                                                 |                                                     |                                                    |
|-------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> One of your employees? | <input type="checkbox"/> On a training scheme?      | <input type="checkbox"/> Employed by someone else? |
| <input type="checkbox"/> On work experience?    | <input type="checkbox"/> Self-employed and at work? | <input type="checkbox"/> Member of the public?     |
| <input type="checkbox"/> Child/Pupil?           | <input type="checkbox"/> Resident/Service User?     | <input type="checkbox"/> Volunteer?                |

Details if the injured person was on a training scheme/employed by someone else.  
i.e. company name & address

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**About the injured person's injuries**

\*Injured person's injuries *Select one of the following*

Amputation <input type="checkbox"/>	Asphyxia or poisonings <input type="checkbox"/>
Loss of sight <input type="checkbox"/>	Strains and sprains <input type="checkbox"/>
Fracture <input type="checkbox"/>	Superficial injuries <input type="checkbox"/>
Dislocation without fracture <input type="checkbox"/>	Multiple injuries <input type="checkbox"/>
Concussion and/or internal injuries <input type="checkbox"/>	Electric shock <input type="checkbox"/>
Lacerations and open wounds <input type="checkbox"/>	Natural causes <input type="checkbox"/>
Contusions and bruising <input type="checkbox"/>	Other known injuries <input type="checkbox"/>
Burns <input type="checkbox"/>	Other not known <input type="checkbox"/>

**\*Part of the body affected** *Select one of the following*

Eye <input type="checkbox"/>	Wrist <input type="checkbox"/>
Ear <input type="checkbox"/>	Upper limb <input type="checkbox"/>
Other parts of face <input type="checkbox"/>	Several upper limb locations <input type="checkbox"/>
Head <input type="checkbox"/>	Toe <input type="checkbox"/>
Several head locations <input type="checkbox"/>	Foot <input type="checkbox"/>
Neck <input type="checkbox"/>	Ankle <input type="checkbox"/>
Back <input type="checkbox"/>	Lower limb <input type="checkbox"/>
Trunk <input type="checkbox"/>	Several lower limb locations <input type="checkbox"/>
Several torso locations <input type="checkbox"/>	Several locations <input type="checkbox"/>
Finger or fingers <input type="checkbox"/>	General locations <input type="checkbox"/>
Hand <input type="checkbox"/>	Unknown locations <input type="checkbox"/>

**\*If the injured person was an employee**

*Please check as many of the following 4 options as apply:*

<input type="checkbox"/>	The injured person became unconscious
<input type="checkbox"/>	The injured person needed to be resuscitated
<input type="checkbox"/>	The injured person remained in hospital for more than 24 hours
<input type="checkbox"/>	None of the above

**\*What was the severity of the injury?**

**Reportable Option**

<input type="checkbox"/> Fatality	<input type="checkbox"/> Major injury	<input type="checkbox"/> Injury preventing the injured person from working for more than 7 days	<input type="checkbox"/> Member of the public - taken directly to hospital
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**Or Lost time option**

<input type="checkbox"/> No absence	<input type="checkbox"/> 1-3 days	<input type="checkbox"/> 4-7 days	<i>Required for employees only</i>
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*Please specify start date of absence (if different to the date of the incident)*

*Please specify the return to work date (if known)*

**Preventative Action**      What action has been, (or will be), taken to prevent recurrence?

<input type="checkbox"/> Risk Assessment Review	<input type="checkbox"/> Protective clothing obtained	<input type="checkbox"/> Discipline
<input type="checkbox"/> Guarding	<input type="checkbox"/> Protective clothing enforced	<input type="checkbox"/> Prohibition
<input type="checkbox"/> Training	<input type="checkbox"/> Supervision	<input type="checkbox"/> Procedures
<input type="checkbox"/> Repairs requested	<input type="checkbox"/> Other	

**Give brief explanation of preventative actions;** List any other actions and give brief explanation

**Give details of the perpetrator**

*For use only if the incident was assault or violence related and the details are known.*

Name
Address

**\*Level of Investigation undertaken** [hyperlink to investigation guidance]

Minimal        Low        Medium        High   

**Please contact Safety Services if advice or assistance is required.**

**You must contact Safety Services if the level of investigation is Medium - High**

### Manager Declaration

Name:  Position:  Date

By ticking this box  I confirm that the information contained on this form is, to the best of my knowledge, a true reflection of the information obtained in relation to this incident at the time of completion.

*When complete, this form must be sent immediately to [accident.reporting@eastriding.gov.uk](mailto:accident.reporting@eastriding.gov.uk).*

*If this incident is reportable to the HSE under RIDDOR, please contact Safety Services so that it can be processed immediately, either by telephone on 01482 391117 or by email: [safety.services@eastriding.gov.uk](mailto:safety.services@eastriding.gov.uk)*