

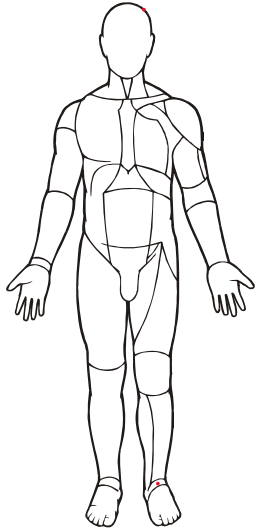
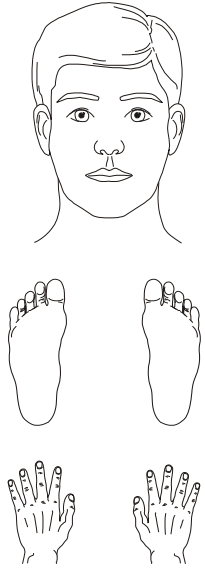
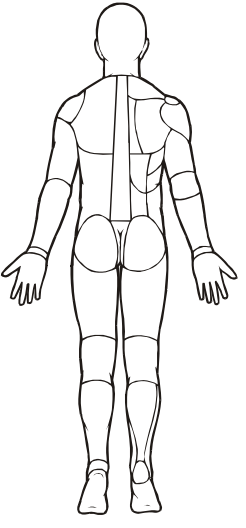
# Accident/ incident/ Dangerous occurrence/ Near miss Report

Section 1	Site Information	RIDDOR	
Site Name			
Site Address		Date	
Completed by		Position	

Section 2	<input type="checkbox"/>	Classification
Type		PROVIDE DETAILS / DESCRIPTION (provide as much as possible)
Accident		
Incident		
Near Miss		
Dangerous Occurrence		

Section 3	Injured person's details
Name	
Address	
Age Group	
Employer	
Occupation	
Date / Time of Occurrence	
Date / Time Reported to CGS	

Section 4	First Aid and Details of Injury
Was First Aid given?	
First Aider's Name	
Outcome	
Pre-existing Injuries	

 <p><b>FRONT</b></p>		<table border="1"> <thead> <tr> <th>BODY</th><th>PART</th></tr> </thead> <tbody> <tr><td>Head</td><td>Chest</td></tr> <tr><td>Eyes</td><td>Back</td></tr> <tr><td>Nose</td><td>Stomach</td></tr> <tr><td>Jaw</td><td>Hip</td></tr> <tr><td>Chin</td><td>Rectum</td></tr> <tr><td>Neck</td><td>Thigh</td></tr> <tr><td>Shoulder</td><td>Knee</td></tr> <tr><td>Upper Arm</td><td>Shin</td></tr> <tr><td>Elbow</td><td>Ankle</td></tr> <tr><td>Lower Arm</td><td>Foot</td></tr> <tr><td>Wrist</td><td>Toe</td></tr> <tr><td>Hand</td><td>Right Side</td></tr> <tr><td>Finger</td><td>Middle</td></tr> <tr><td>Thumb</td><td>Left Side</td></tr> </tbody> </table>	BODY	PART	Head	Chest	Eyes	Back	Nose	Stomach	Jaw	Hip	Chin	Rectum	Neck	Thigh	Shoulder	Knee	Upper Arm	Shin	Elbow	Ankle	Lower Arm	Foot	Wrist	Toe	Hand	Right Side	Finger	Middle	Thumb	Left Side	 <p><b>REAR</b></p>
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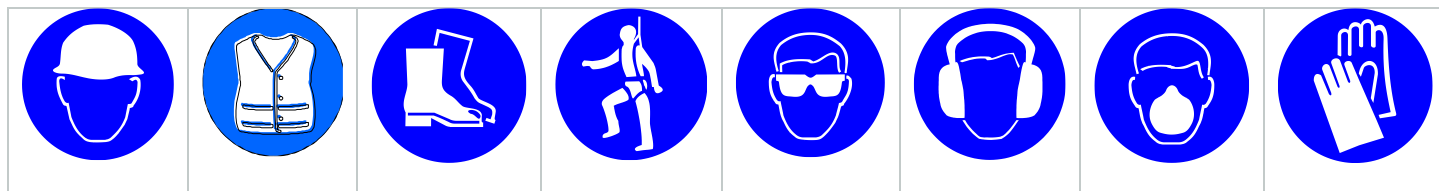
Section 5	Documentation
Method Statement received?	
Risk Assessment received?	
Photos taken	
Incident/Accident Report Form	

Section 6	Accident/ Incident Type
Road Traffic Accident	
Collapse	
Slip / Trip / Fall	
Fall from Height	
Machinery	

Section 7	Tools/ Plant/ Vehicle Details
Description	
Make & serial number	
Date last serviced	
Test & Examination records kept?	
Details of defects	
Have arrangements been made to impound machine / tool / equipment?	

Section 8	Training
Induction date	
CSCS	
Certificates	

Section 9	Personal Protective Equipment Being Worn
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Section 10	Site Location Indicating the Specific Area that the Incident Occurred
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Section 11	Witness Statement(s)
Name: Address: Employer: Statement:	

Section 12	Additional Information & Any Photos Taken

Section 13	Action Taken at the Time / Since to Resolve Issue

Section 14	Immediate Cause (the agent of injury or ill health (the blade, the substance, the dust etc)
Item:	

SECTION 15	Underlying Cause unsafe acts and unsafe conditions (the guard removed etc);
Item(s):	

Section 16	Copy Report to the Associated Personnel Below:	Date:
Managing Director		
Contracts Directors		
Project Contract Manager		
H&S Manager		