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Section 1 – General Details			
Contract:	M236 M 60 MSM Project	Ref. Number:	N/A
Location:	J 13-14 B Carriageway	Date and Time of Event:	26.07.2016 @ 12:15
Event Investigator Name:	David Wynn	Event Investigator Job Title:	H&S Manager
Details of Accident, Incident or Near Miss:	<p>IP was laying flags around existing cabinet site. IP lifted a single flag which was not level and stood it up on its end while he levelled the bed, the flag fell over under its own weight landing on the left hand just above the knuckles.</p> <p>At the time of the incident the Operative did not consider himself hurt. Although he stated his hand was initially sore he believed that he would be ok, at this point a near miss report should have been raised. It was not until he began working the next day that the injury became apparent when it was subsequently recorded as an accident. During the course of the interview the IP stated that he should have laid the flag flat whilst he levelled the bed which would have prevented the accident occurring.</p> <p>Accident Timeline: Tuesday 26.07.2016 – 12:18 Dave Mawer (IP) phoned Phil Carter (Supervisor) who was working on the opposite carriageway and informed him he had trapped his hand but was ok. 13:10 Supervisor attended site and visually checked IP left hand, there was a red line above the outside 3 knuckles of the left hand which was not swollen. The IP stated he was ok to carry on working, did not require any treatment and did not want to complete the accident book. He completed his full shift as required. 16:43 Supervisor phoned IP to see if he was ok, IP said he was fine.</p> <p>Wednesday 27.07.2016 – 07:20 Supervisor spoke to IP in person and asked how his hand was, IP said it was sore but ok, it appeared to be discoloured slightly (grey) but was not swollen again he said he did not require any treatment and did not want to complete the accident book. IP continued to work although he said that it was still sore.</p> <p>14:55 IP sent a text to his Supervisor for a call back saying that his hand was swollen. Supervisor rang IP who said his hand had “blown up like a balloon”. IP was instructed to come straight back into J 11 which he did. 15:20 IP arrived at J11. Supervisor said that his left hand was swollen, he went to find Jackie Reeves to have an initial look at the injury but she was not on site. (Office locked) 15:40 Rickie Nixon (Senior Supervisor) rang David Wynn (H&S Manager) to assess the injury and suggest a course of action. 15:50 Accident book was completed. IP was instructed to attend A&E to have injury properly assessed.</p> <p>Thursday 28.07.2016 - 06:50 IP attended for work at J11. Had not attended A&E due to family responsibilities. IP was instructed to attend Salford Royal Infirmary A&E.</p> <p>11:30 IP returned to J 11. The hand had been x rayed. The Patient Discharge Notification stated:</p> <p>Diagnosis: Closed fracture of metacarpal bone Discharge advice: Refrain from manual work until discussed with orthopaedics keep right limb rested /elevated to reduce swelling.</p> <p>11:55 Drugs & Alcohol test carried out which was negative.</p>		

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Type of Event:	No LTI Injury	LTI Injury	Minor injury	Environment	Near Miss	Other (detail specified injury RIDDOR)
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Section 2 – Details of Injured Person (If applicable)					
Name:	Dave Mawer			Date of Birth:	27.03.1975
UK: National Insurance No.	JC 48 95 94 C	Employee No.	N/A	Gender:	Male
Home Address and postcode:	Marloes The Green, Chester, CH3 8NQ			Telephone:	0772464369
Was the injured person employed by Mway	No <input type="checkbox"/>	If Yes who is the IP's line manager?		Point of Contact: Phil Carter Supervisor (Mway)	
Date and time they were informed?	26.07.2016 @ 12:18	Occupation/Position:		Supervisor (Mway)	
If subcontractor state name and address of Employer:	Labour only sub-contractor				
Is the Employer an approved Subcontractor to Rowarth Civils (Date last approved):					Yes <input type="checkbox"/>
Has this person been involved in previous Accidents, Incidents Near Misses?	No <input type="checkbox"/>				

Section 3 – Extent of Injuries / Damage Caused or Potential for Injury / Damage			
Was First Aid given?	No <input type="checkbox"/>	Name of First Aider:	N/A
Detail injuries sustained:	Closed Fracture of metacarpal bone - specified injury RIDDOR		
Details of First Aid or treatment given:	Attended Salford Royal A&E on 28.07.2016		
Has there been any damage to plant, property, environment or loss of production etc.	No <input type="checkbox"/>		
If no actual injury / damage caused then detail potential:	N/A		

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Section 4 – Details of the Work being Undertaken			
Description of work:	IP was laying flags around cabinet site.		
Name all persons engaged on the work:	Dave Mawer (IP) Anthony McIlvenny		
Who was in charge:	Dave Mawer	Job Title:	Plant Operative
Was the work controlled by a Permit?			N/A <input type="checkbox"/>
Has an adequate Risk Assessment been carried out for the work?			Yes <input type="checkbox"/>
Has an adequate Point of Work Risk Assessment been carried out and communicated?			Yes <input type="checkbox"/>
Had all persons involved in the operation been briefed on the Risk Assessment?			Yes <input type="checkbox"/>
Was Personal Protective Equipment (PPE) required for the operations?			Yes <input type="checkbox"/>
If Yes state what type:	6 items as required by MSM site rules: Hard hat, Light Eye Protection, Gloves , Safety Boots, Hi Visibility Vest/Coat Trousers, Hi Visibility Trousers.		
Was it in use at the time of the event?			Yes <input type="checkbox"/>
If No state the reason:	N/A		
Give details of any of the following involved in the event:- (if applicable, state type, make, ID numbers, condition and whether in motion)			
Equipment:	N/A		
Plant / Vehicles:	N/A		
Structures:	N/A		
Was the Daily Inspection Sheet completed for any Plant / Vehicles involved? (If YES provide date completed):			N/A <input type="checkbox"/>


Section 5 – Detailed Description of the Event			
Site Conditions		Details: (where applicable)	
Lighting?	Good <input type="checkbox"/>		
Ground conditions?	Good <input type="checkbox"/>		
Weather?	Good <input type="checkbox"/>		
Visibility?	Good <input type="checkbox"/>		
Noise Levels?	Good <input type="checkbox"/>		
Housekeeping / tidiness?	Good <input type="checkbox"/>		
Were there any witnesses?			No <input type="checkbox"/>
If Yes; state names and contact details:	NOTE: Anthony McIlvenny did not witness the accident but had been informed by the IP what had occurred.		
* Have witness statements been recorded? *			Yes <input type="checkbox"/>
* Are photos available to support the investigation? *			No <input type="checkbox"/>
* Is a sketch available to indicate the location of plant and persons at the time of the event? *			No <input type="checkbox"/>
Have all asterisked (*) items above been appended to this report?			Yes <input type="checkbox"/> as applicable

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Section 5 – Detailed Description of the Event	
Detail all paperwork associated with the task	
WPP MSM/WPP/198/4 Ducting, Chambers and Hard Standing POWRA	
Was the paperwork correct?	Yes <input type="checkbox"/>
Was the paperwork being followed?	Yes <input type="checkbox"/>
If No detail reasons why not:	
N/A	
Detail the training and instruction that the injured person / persons involved had received relevant to this operation:	
CPCS CSCS Manual Handling 13 October 2014 (valid 3 years)	
Were they fully trained?	Yes <input type="checkbox"/>
Were they competent to undertake the duties?	Yes <input type="checkbox"/>

Section 6 – Learning Points
Using the completed Root Cause Record Sheet complete the below sections
Corrective actions immediately after the Incident:
No immediate corrective actions identified as work had been completed.
Immediate Causes:
IP removed a horizontal flag and stood on its end which was unstable adjacent to the work area, the flag subsequently fell into the immediate work area striking the IP on the left hand.
Root Causes :
IP did not follow established manual handling/safe working practices. IP did not ensure that the flag was secure and out of the working area. The flag should have been laid flat on the ground or have been supported by laying it against another item on site which was secure outside of the immediate working area.
Conclusions:
If the IP had followed the established manual handling/safe working practices by ensuring that the flag was secure and outside of the working area the accident would not have occurred.

Section 7 – Action Plan					
Action Required	Implementation Method	Responsibility	Time Frame	Measurement Criteria	Closing Out Details
Re-brief RA for manual handling of flags	Start of shift briefing	Supervisors	01.08.2016	Signed attendance sheets	

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Section 7 – Action Plan					
Action Required	Implementation Method	Responsibility	Time Frame	Measurement Criteria	Closing Out Details

Investigated By: David Wynn (Mway) and S. Wallwork (Rowarth)			
I confirm that the details cited within this investigation are true to the best of my knowledge as verified by my signature below.			
Print Name	Job Title	Signature	Date
David Wynn	H&S Manager		28.07.2016
S. Wallwork	Director		28.07.2016

Closed Out By *:			
I confirm that I have reviewed the details cited within this investigation and that the investigation is complete and that the event can be closed out within the Accident Incident Tracker			
Print Name	Job Title	Signature	Date
Lee Dobson (Mway)	Contract Director		
S. Wallwork (Rowarth)	Director		

* should be closed out by the most senior person involved, this will vary depending on severity / potential severity of incident