1. Required to be completed as first response to a Health and Safety incident. Fill out all the required fields and answer other questions as needed
2. Add photos and notes/comments
3. Send completed report to [hsw@infratec-uk.com](mailto:hsw@infratec-uk.com)

|  |  |  |  |
| --- | --- | --- | --- |
| Date & Time of Incident |  | Location of Incident |  |
| Incident Priority |  | | |
| Site / Project |  | | |
| Select Category the near miss most relates |  | If other, please describe |  |
| Name of Supervisor at Time of Incident |  | Is Immediate Medical Attention Required? |  |

|  |  |
| --- | --- |
| Describe what happened. Please be detailed but state only facts | |
|  | |
| What were the weather / environment conditions at the time of the incident? |  |

|  |  |  |
| --- | --- | --- |
| Which of the following do you need to attach to this report to accurately document this incident? |  | Evidence |
|  | Equipment Details |
|  | Vehicle Details |
|  | Damages |
|  | Other Items |

Please log all relevant evidence on the following pages

**EVIDENCE**

|  |  |
| --- | --- |
| Evidence Description | |
|  | |
| Type of Evidence |  |
| Photos | |
|  | |
| Please detail any further information regarding this evidence (if applicable) | |
|  | |

**VEHICLE DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vehicle Registration |  | Vehicle Make |  | Vehicle Model |  |
| Driver (if applicable) |  | | | | |
| Damage Description | | | | | |
|  | | | | | |
| Photos | | | | | |
|  | | | | | |
| Please detail any further information regarding this damage (if applicable) | | | | | |
|  | | | | | |

**ITEM**

|  |
| --- |
| Item Description |
|  |
| Photos |
|  |
| Please detail any further information regarding this item (if applicable) |
|  |

**EQUIPMENT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Equipment Type |  | Equipment Make |  | Equipment Model |  |
| Description | | | | | |
|  | | | | | |
| Photos | | | | | |
|  | | | | | |
| Please detail any further information regarding this Equipment (if applicable) | | | | | |
|  | | | | | |

Please document all people involved in this incident, including yourself (the person reporting the incident)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | | |  | | |
| Contact Phone Number | | |  | | |
| What is this person’s relation to the incident? (Select all that apply) | | |  | Reporter of Incident | |
|  | Injured Person | |
|  | Witness | |
|  | Primary Person Involved | |
|  | Secondary Involvement | |
|  | On-duty Supervisor | |
|  | Investigator | |
|  | Suspect | |
|  | Other | |
| Please describe this person’s involvement with the incident, including all relevant information | | | | | |
|  | | | | | |
| Does this person wish to make a preliminary statement? | |  | Has this person sustained an injury? | |  |
| Type of Injury or Illness (Select all that apply) | | | | | |
|  | Superficial | |  | Open Wound | |
|  | Fatality | |  | Concussion | |
|  | Sprain | |  | Respiratory | |
|  | Eye Injury | |  | Burns | |
|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
|  | Entanglement | |  | Assault | |
|  | Muscle & tendon | |  | Nerve & Spinal Cord | |
|  | Amputation | |  | Intracranial | |
|  | Other Injury | | If other, describe below | | |
|  | | | | | |
| Type of Injury or Illness (Select all that apply) | | | | | |
|  | General Ailment | |  | Head | |
|  | Eye (Left) | |  | Eye (Right) | |
|  | Ear | |  | Nose | |
|  | Throat | |  | Neck | |
|  | Back (Upper) | |  | Back (Lower) | |
|  | Arm – Upper (Right) | |  | Arm – Upper (Left) | |
|  | Arm – Elbow (Right) | |  | Arm – Elbow (Left) | |
|  | Arm – Forearm (Right) | |  | Arm – Forearm (Left) | |
|  | Wrist (Right) | |  | Wrist (Left) | |
|  | Hand (Right) | |  | Hand (Left) | |
|  | Chest | |  | Abdominal / Stomach | |
|  | Leg – Upper (Right) | |  | Leg – Upper (Left) | |
|  | Leg – Knee (Right) | |  | Leg – Knee (Left) | |
|  | Leg – Lower (Right) | |  | Leg – Lower (Left) | |
|  | Ankle (Right) | |  | Ankle (Left) | |
|  | Foot (Right) | |  | Foot (Left) | |
|  | Shoulder (Right) | |  | Shoulder (Left) | |
|  | Groin / Anus | |  | Other | |
| If other, describe | | |  | | |
| Please describe the injury / illness | | | | | |
|  | | | | | |
| What was the cause of this injury or illness? | | | | | |
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| --- | --- | --- | --- | --- | --- |
| Full Name | | |  | | |
| Contact Phone Number | | |  | | |
| What is this person’s relation to the incident? (Select all that apply) | | |  | Reporter of Incident | |
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|  | Witness | |
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|  | On-duty Supervisor | |
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|  | Sprain | |  | Respiratory | |
|  | Eye Injury | |  | Burns | |
|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
|  | Entanglement | |  | Assault | |
|  | Muscle & tendon | |  | Nerve & Spinal Cord | |
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|  | Other Injury | | If other, describe below | | |
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| Type of Injury or Illness (Select all that apply) | | | | | |
|  | General Ailment | |  | Head | |
|  | Eye (Left) | |  | Eye (Right) | |
|  | Ear | |  | Nose | |
|  | Throat | |  | Neck | |
|  | Back (Upper) | |  | Back (Lower) | |
|  | Arm – Upper (Right) | |  | Arm – Upper (Left) | |
|  | Arm – Elbow (Right) | |  | Arm – Elbow (Left) | |
|  | Arm – Forearm (Right) | |  | Arm – Forearm (Left) | |
|  | Wrist (Right) | |  | Wrist (Left) | |
|  | Hand (Right) | |  | Hand (Left) | |
|  | Chest | |  | Abdominal / Stomach | |
|  | Leg – Upper (Right) | |  | Leg – Upper (Left) | |
|  | Leg – Knee (Right) | |  | Leg – Knee (Left) | |
|  | Leg – Lower (Right) | |  | Leg – Lower (Left) | |
|  | Ankle (Right) | |  | Ankle (Left) | |
|  | Foot (Right) | |  | Foot (Left) | |
|  | Shoulder (Right) | |  | Shoulder (Left) | |
|  | Groin / Anus | |  | Other | |
| If other, describe | | |  | | |
| Please describe the injury / illness | | | | | |
|  | | | | | |
| What was the cause of this injury or illness? | | | | | |
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|  | Sprain | |  | Respiratory | |
|  | Eye Injury | |  | Burns | |
|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
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|  | Muscle & tendon | |  | Nerve & Spinal Cord | |
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|  | Eye (Left) | |  | Eye (Right) | |
|  | Ear | |  | Nose | |
|  | Throat | |  | Neck | |
|  | Back (Upper) | |  | Back (Lower) | |
|  | Arm – Upper (Right) | |  | Arm – Upper (Left) | |
|  | Arm – Elbow (Right) | |  | Arm – Elbow (Left) | |
|  | Arm – Forearm (Right) | |  | Arm – Forearm (Left) | |
|  | Wrist (Right) | |  | Wrist (Left) | |
|  | Hand (Right) | |  | Hand (Left) | |
|  | Chest | |  | Abdominal / Stomach | |
|  | Leg – Upper (Right) | |  | Leg – Upper (Left) | |
|  | Leg – Knee (Right) | |  | Leg – Knee (Left) | |
|  | Leg – Lower (Right) | |  | Leg – Lower (Left) | |
|  | Ankle (Right) | |  | Ankle (Left) | |
|  | Foot (Right) | |  | Foot (Left) | |
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| If other, describe | | |  | | |
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|  | Eye Injury | |  | Burns | |
|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
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|  | Muscle & tendon | |  | Nerve & Spinal Cord | |
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|  | Ear | |  | Nose | |
|  | Throat | |  | Neck | |
|  | Back (Upper) | |  | Back (Lower) | |
|  | Arm – Upper (Right) | |  | Arm – Upper (Left) | |
|  | Arm – Elbow (Right) | |  | Arm – Elbow (Left) | |
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|  | Wrist (Right) | |  | Wrist (Left) | |
|  | Hand (Right) | |  | Hand (Left) | |
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|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
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| What was the cause of this injury or illness? | | | | | |
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|  | Fracture | |  | Electrocution | |
|  | Fall | |  | Strain | |
|  | Dislocation | |  | Struck by Object | |
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|  | Groin / Anus | |  | Other | |
| If other, describe | | |  | | |
| Please describe the injury / illness | | | | | |
|  | | | | | |
| What was the cause of this injury or illness? | | | | | |
|  | | | | | |

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| --- | --- | --- | --- |
| Are Corrective/Further Actions Required with regard to this incident? |  | Further action/follow-up/investigation required? |  |

|  |  |
| --- | --- |
| Name |  |
| Date |  |