|  |  |
| --- | --- |
| **[LINK TO HCPL ACCIDENT / INCIDENT CLASSIFICATION AND REPORTING](D://Henry/HCPL%20Docs/HCPL-Incident%20Classification%20Table.pdf)** | |
| **Assessed Category (Actual)** | **Assessed Category (Potential)** |
| 1A  2A  3A  4A  5A | 1P  2P  3P  4P  5P |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A – Event Reporting Form**  **(To be completed for all incidents)** | | | | | | | | | | | | |
| **Date of incident (DD/MM/YYYY):** | | | |  | | | | | | | | |
| **Name of Injured person (If applicable):** | | | |  | | | | | | | | |
| **Location of incident:** | | |  | | | | | **Time of incident:** | |  | | |
| **Names of persons involved** | | | | | | | | | | | | |
| **Name and Role:** | | | **Statement Taken:** | | | | **Name and Role:** | | | **Statement Taken:** | | |
| TBC | | | YES | | | NO |  | | | YES | | NO |
|  | | | YES | | | NO |  | | | YES | | NO |
|  | | | YES | | | NO |  | | | YES | | NO |
| \*All statements must be attached to this report | | | | | | | | | | | | |
| **Incident / Accident Description** (Detail what happened) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Plant/Vehicle Involved: | YES | NO | | | I.D Number: | | | TBC | Plant Type  (Crane, Hoist etc.): | |  | |
| **Use additional paper to give more detail if required.** | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Information** | | | | | | | | | | | |
| **Event covered by CCTV?** | | | NO | YES\* | | | **\*Obtain a copy of the CCTV from the system provider** | | | REQUESTED | |
| **Photographs of event area?** | | | NO | YES\* | | | **\*Obtain a copy of the CCTV from the system provider** | | | ATTACHED | |
| **Date of last inspection (DD/MM/YYYY):** | | | | | |  | | | | | |
| **State Weather conditions at time of incident.**  (Dull / Overcast, Fair / Fine, Falling Rain, Falling Snow, Freezing) | | | | | |  | | | | | |
| **LIGHTING** | | **TEMPERATURE** | | | | | **SURFACE** | | **NOISE LEVEL** | | |
| Daylight |  | Less than -10c | | |  | | Wet |  | Quiet | |  |
| Dawn/Dusk/Twilight |  | -10c to -1c | | |  | | Dry |  | Moderate | |  |
| Fluorescent |  | 0c to 10c | | |  | | Sloped |  | Loud | |  |
| Electric Bulb |  | 11c to 20c | | |  | | Level |  | Unknown | |  |
| Sodium |  | 21c to 30c | | |  | | Even |  |  | |  |
| Flood lights |  | 31c to 40c | | |  | | Uneven |  |  | |  |
| Hand lamp /Torch |  | More than 40c | | |  | | Steps |  |  | |  |
| Darkness No lights |  |  | | |  | |  |  |  | |  |
| **Ground Conditions:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Immediate Action Taken immediately following event** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Route Cause and Actions to prevent reoccurrence** | | | | | | | | | | | |
| **What action has been taken as a direct result of the incident?** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Who the actions were reported to:** | | | | | | |  | | | | |
| **Proposed timescale for actions to be carried out:** | | | | | | |  | | | | |
| **Reported By:** | | | | | | | | | | | |
| **Print Name:** | |  | | | | | **Sign:** | |  | | |
| **Job Title:** | |  | | | | | **Date:** | |  | | |
| **Contract Name:** | |  | | | | | **Contract No.** | |  | | |
| **Client** | |  | | | | | **Client Report Ref No.** | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part B – Accident Report**  **(To be completed if the incident resulted in an injury)** | | | | |
| **Injured Party Name:** |  | | **Job Title:** |  |
| **Gender:** | M | F | **N.I. Number:** |  |
| **Date of Birth (DD/MM/YYYY):** |  | | **If Sub-Contractor - Company Name:** |  |
| **Address:** |  | | | |
|  | | **Postcode:** |  |
| **First Aid Given:** | YES | NO | **If YES, By Who:** |  |
| **Hospital Name:**  **(if Attended)** |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nature of the Injury** (Place a cross in relevant injury type) | | | | | | |
| Amputation | Burn | Cut / Laceration | Eye Injury | Insect Bite | Strain / Sprain |
|  |  |  |  |  |  |
| Allergic Reaction | Concussion | Dislocation | Foreign Body | Pain/ Discomfort | Whiplash |
|  |  |  |  |  |  |
| Bruise/ Abrasion | Crush Injury | Electric Shock | Fracture | Shock/ Trauma | No Injury |
|  |  |  |  |  |  |
| **Indicate the part/s of the body affected by the injury** | | | | | |
| Arm | Foot | Shoulder | Chest | Face | Head |
|  |  |  |  |  |  |
| Abdomen | Hand | Stomach | Leg | Eye | Back |
|  |  |  |  |  |  |
| Whole Body | No injury |  |  |  |  |
|  |  |  |  |  |  |
| **Indicate the part/s of the body affected by the injury** | | | | | |
| Slip Trip Fall | Manual Handling | Struck By Object | Struck Against Object | Burns | Reaction |
|  |  |  |  |  |  |
| Entrapment | Other |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Additional information relating to the injury** |

|  |
| --- |
|  |