

# RAF MANSTON HISTORY MUSEUM INCIDENT REPORT

- 1, Please use this form to report all work-related injuries & near misses
- 2, Complete the form immediately after the incident or arrange for someone to do it on your behalf.
- 3, Report to Safety Officer at the earliest convenience.
- 4, A separate incident form must be completed for each person who is injured as a result of an incident at work.

## Section 1 About The Incident

- 1.1 What are you reporting?.....
- 1.2 When did it happen? Day.....Date.....Time, (24hr clock).....
- 1.3 Where did it happen?.....
- 1.4 What happened.....  
.....  
.....
- 1.5 Witnesses, (Names & Contact details if possible).....
- 1.6  
.....  
.....

## Section 2- About the person involved.

- 2.1 Name, role & contact details.....
- 2.2 What type of injury was sustained? (Please include which part of the body was affected)  
.....  
.....

2.3 What treatment was provided? (Please include whether first aid and/or hospital treatment was needed.

2.3 Was an Ambulance required\called.....

2.4 Did the injured party accept\decline Ambulance, Hospital treatment.....  
.....

2.4 Did the injured person go straight back to work afterwards?.....

### Section 3- Person completing this form if different from name in 2.1

3.1 Name.....

3.2 Contact Details (If different from above).....  
.....

3.3 Staff or Third Party.....

3.4 Date form completed.....