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| H&S Team use only: |  |  | F2508: |

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| **Details of Affected Person** | | | | | | | | |
| Surname: | Click here to enter text. | | | | | Forename | | Click here to enter text. |
| Date of Birth: | Click here to enter text. | Male: | | Female: | | Prefer to self-describe: | | |
| Does your gender differ from that at birth? | | Yes: | | No: | | | | |
| Job Title: | Click here to enter text. | | | | | | Place of Work | Click here to enter text. |
| Home Address | Click here to enter text. | | | | | | | |
| Telephone No.: | Click here to enter text. | | | | | | | |
| Employers name, address & telephone no. (if not DC) | | | Click here to enter text. | | | | | |
| Was more than one person injured in the same incident? | | | | | Yes  No | | | |

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| **Type of Incident:** |  | **Injured/Affected Person:** |  | **Directorate:** |  | To whom was the accident first reported? | |
| Accident |  | Employee |  | Corporate Development |  |
| Violence (Actual) |  | Service User |  | People - Adult |  | Name: | Click here to enter text. |
| Violence (Threat) |  | Contractor / Agency |  | People - Children |  | Post Held: | Click here to enter text. |
| Work Related Disease |  | Volunteer |  | Place Directorate - |  | Date: | Click here to enter text. |
| Potential Hate Crime |  | Member of Public |  | Place Services |  | Time: | Click here to enter text. |
| Near Miss |  |  |  | EGI |  |  | |
|  |  |  |  | Customer services / Archives & Libraries |  |  | |
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| Does the affected person consent to share information with Dorset Council recognised Trades Unions YES  NO |

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| Location of Incident: |  | |
| If incident happened away from establishment/base, give details. (eg. service users house/public place/at someone else’s premises)  Click here to enter text. | | |
| Precise place of incident (e.g. stairs, corridor) | |  |

|  |  |
| --- | --- |
| Incident details | |
| Date of incident: Click here to enter text. | Time of incident: Click here to enter text. |
| What was the incident & how did it happen? (If insufficient space attach details on separate sheet) | |
| Click here to enter text. | |

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| **Injury** - What injury resulted (state cut, bruise, fracture. Indicate left/right) |
| Click here to enter text. |

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| **Time lost -** Did incident result in injured/affected person’s absence/inability to **undertake normal duties** | YES  NO |

Inform the County Health & Safety Team by phone to report any lost time, other than on the day of the accident - 01305 225019

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| --- | --- | --- |
| Details of any witness (s)  Name, address, telephone no. (if not DC employee) |  | Details of assailant(s), if known (in case of violent incident/hate crime) |
| Click here to enter text. |  | Click here to enter text. |
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| **Action taken** |  |  |  | **Report completed by:** | |
| No action required |  | Attended Doctor or Health Centre |  | Name | Click here to enter text. |
| First aid on site |  | Sent or taken to hospital |  | Job title | Click here to enter text. |
| Sent or taken home  Police informed |  | Detained in hospital over 24hr |  | Date | Click here to enter text. |

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| **What action has been taken to prevent a recurrence:** (Line Manager to complete, use separate sheet if necessary) |
| Click here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| Name: | Click here to enter text. | Signature: | Click here to enter text. | Date: | Click here to enter text. |

Print or save and send one copy to Dorset Council Health and Safety Team [healthandsafety@dorsetcouncil.gov.uk](mailto:healthandsafety@dorsetcouncil.gov.uk) , County Hall, and retain one copy in the workplace.

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| Health & Safety Team Use Only |
| Click here to enter text. |