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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) |  |

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| 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 , County Hall, and retain one copy in the workplace.

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