Accident Report – Near Miss and Investigation Form

Overview

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| Reference Number: |  |

The purpose of this form is to record all adverse events. The term **accident** is used where injury or ill health occurs. The term **incident** includes **near-misses** and **undesired circumstances**, where there is the potential for injury.

Part 1 should be filled out immediately by the manager or supervisor for the work activity involved.

Part 2 should be completed by the person responsible for health and safety.

Part 3 should be completed, where appropriate, by the investigation team.

Part 4 should be completed by the investigating team, together with managers who have the authority to take decisions.

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| Reported By: |  | Date/Time of Adverse Event: |  |
| Incident/Near Miss: | Ill Health: | Minor Injury:  | Serious Injury: | Major Injury: |
| Brief Details (What, Where, When, Who and Emergency Measures Taken): |
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|  |  |
| --- | --- |
| Forwarded toYour safety officer/manager  | Yes No |
| If No, Why?: |  |
|  |
| Name: |  |
| Date: |  |
| Signed: |  |

Part 2 Initial assessment (to be carried out the person responsible for health and safety)

**Type of event Actual/potential for harm**

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| --- | --- |
| **Accident** |  |
| **Ill health** |  |
| **Near-miss** |  |
| **Undesired circumstance** |  |

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| **Fatal or major** |  |
| **Serious** |  |
| **Minor** |  |
| **Damage only** |  |

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| **RIDDOR reportable?** | **Y/N** | **Date/time reported** |
| **Entry in accident book** | **Y/N** | **Date entered/reference** |

**Investigation level**

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| --- | --- | --- | --- |
| **High level** |  | **Low level** |  |
| **Medium level** |  | **Basic** |  |

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| **Initial assessment carried out by:** | **Date** |
| **Further investigation required?** | **Y/N** | **Priority** |
| **For investigation by:** |

Part 3 - Investigation information gathering

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| **1 Where and when did the adverse event happen?** |
| **2 Who was injured/suffered ill health or was otherwise involved with the adverse event?** |
| **3 How did the adverse event happen? (Note any equipment involved).** |
| **4 What activities were being carried out at the time?** |
| **5 Was there anything unusual or different about the working conditions?** |
| **6 Were there adequate safe working procedures and were they followed?** |
| **7 What injuries or ill health effects, if any, were caused?** |
| **8 If there was an injury, how did it occur and what caused it?** |
| **9 Was the risk known? If so, why wasn’t it controlled? If not, why not?** |
| **10 Did the organisation and arrangement of the work influence the adverse event?** |
| **11 Was maintenance and cleaning sufficient? If not, explain why not.** |
| **12 Were the people involved competent and suitable?** |
| **13 Did the workplace layout influence the adverse event?** |
| **14 Did the nature or shape of the materials influence the adverse event?** |
| **15 Did difficulties using the plant and equipment influence the adverse event?** |
| **16 Was the safety equipment sufficient?** |
| **17 Did other conditions influence the adverse event?** |
| **18 What were the immediate, underlying and root causes? – What analysis was undertaken** |
| **19 What risk control measures are needed/recommended?**12345 |
| **20 Do similar risks exist elsewhere? If so, what and where?** |
| **21 Have similar adverse events happened before? Give details.** |
| **22 Which risk control measures should be implemented in the long and short term?** |
| **23 Which risk assessments and safe working procedures need to be reviewed and updated?** |

Part 4 The risk control action plan

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| **24 Have the details of the adverse event and the investigation findings been recorded and analysed? Are there any trends or common causes which suggest the need for further investigation? What did the adverse event cost?** |

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| **25 Signed on behalf of the investigation team** |

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| --- | --- |
| **Name** | **Signature** |

|  |
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| **26 Members of the investigation team** |

|  |  |
| --- | --- |
| **Name** | **Position** |
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| **27 The findings of this investigation need to be communicated to the following managers, union and employee safety representatives** |

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| --- | --- | --- |
| **Person** | **Signature** | **Date** |
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