

GA18 Accident/incident report

Instructions for use

- To be completed and returned as soon as possible after any incident/accident (*please print clearly*).
- To be used for all incidents (minor and reportable), dangerous occurrences, near misses, environmental incidents, complaints, thefts and incidents involving material damage, including cable strikes.
- Keep site copy in a secure place (General Data Protection Regulation).

Company name		This form consists of		pages	
Incident date		Incident time (24-hour clock)			
Incident type (<i>tick boxes for all that apply and then complete further parts of this form as indicated</i>)					
Fatality*	Parts A, B (i and ii) and F	Minor incident/injury (no first aid)	Parts A, B (i and ii) and F		
Specified injury*	Parts A, B (i and ii) and F	Dangerous occurrence* (RIDDOR reportable)	Parts A, B (ii) and F		
Over seven-day injury*	Parts A, B (i and ii) and F	Environmental incident	Parts A, C and F		
Reportable disease*	Parts A, B (i and ii) and F	Near miss/dangerous occurrence (Not RIDDOR reportable)	Parts A and F		
Ill health	Parts A, B (i and ii) and F	Utility damage	Parts A, D and F		
First aid (on site)	Parts A, B (i and ii) and F	Theft/vandalism/violence	Parts A, E and F (also B (i) for violence)		
Medical treatment (off site)	Parts A, B (i and ii) and F	Complaint	Parts A and F		
*HSE incident notification number		Date reported			
Part A - Description of incident					
Where on site did the incident occur?					
Were photographs taken?		Yes	No	<i>(include copies with this form)</i>	
Were samples taken?		Yes	No		
<p>Describe what happened and how. <i>In the case of an injury, state what the injured person was doing at the time and side of body where the injury occurred (left or right). (Where possible, take photographs of the general area but not of injured persons.) In the case of an environmental incident, state the events that caused the incident (details of plant involved; photographs, wherever practicable, must be taken). In the case of damage, indicate if it is to permanent works, temporary works, plant, temporary buildings/contents or employees' personal effects. (Photographs must be taken)</i></p>					
<p>Please sketch the general area of the incident (<i>include any relevant measurements</i>) <i>(If more space is required, attach additional sheets and include references to them in this box)</i></p>					
Name		Position		Employer	
Can it be established what company caused the incident?				Yes	No
Give details (<i>company's name and individual's name</i>)				N/A	
<p>Give details (<i>company's name and individual's name</i>)</p>					

GA18 Accident/incident report *continued*

Part B - Health and safety															
Part B(i) - Details of injured person															
Surname				Forename(s)				Date of birth				Signature <i>(if possible)</i>			
Address															
Postcode				Contact telephone no.				Position							
Was any time lost?		Yes	No	Date work finished				Time work finished				Date work restarted			
Name and telephone no. of hospital <i>(where applicable)</i>															
Detail all PPE required by the risk assessment for the operation								Detail all PPE worn at time of incident							
Details of person's employer <i>(name, address and telephone)</i> If member of the public then write 'public'															
Location of injury <i>(tick boxes for all that apply)</i>															
Head		Chest		Arm/shoulder		Finger		Foot				Other <i>(state below)</i>			
Face/neck		Abdomen		Wrist		Leg/hip		Respiratory system							
Eye		Back		Hand		Ankle		Digestive system							
Type of injury <i>(tick boxes for all that apply)</i>															
Amputation		Strain/sprain		Foreign body		Multiple		Crush							
Bruising/swelling		Asphyxiation/gassing		Fracture		Shock/concussion		Ingestion							
Dislocation		Loss of consciousness		Burn/scald		Puncture		Internal							
Electric shock		Cut/laceration/abrasion		Whiplash		Ill health									
Other <i>(state)</i>															
Was the injured person advised to see their doctor or visit a hospital?												Yes		No	
Is drug or alcohol testing required?				Yes		No		Details of result		Positive		Negative			
Part B(ii) - Details of incident															
Basic cause of incident <i>(tick one box only)</i>															
Fall from height				Manual handling				Repetitive motion/action							
Fall on same level				Contact with tool/equipment/machinery				Collision							
Fall down stairs/steps				Contact with flying particle				Fire							
Struck by moving object				Contact with electricity				Explosion							
Struck by falling object				Contact with/exposed to heat/acid				Drowning							
Struck/trapped by something collapsed/overturning				Contact with/exposed to air/water pressure				Loss of containment/unintentional release							
Trapped between objects				Contact with/exposed to hazardous substance				Asphyxiation							
Step on/struck against stationary object				Exposure to noise/vibration				Other <i>(state)</i>							
Source of hazard <i>(tick one box only)</i>															
Lifting equipment				Scaffold				Temporary works				Flying particle			
Vehicle/mobile equipment				Excavation				Materials				Dust			
Static equipment/machinery				Stairs/steps				Floor/ground condition				Proximity to water			
Moving parts of machinery				Working surface				Lack of oxygen				Workstation layout			
Power tool				Structure				Heat/hot work				Hazardous substance			
Hand tool				Ladder				Cold				Other <i>(state)</i>			

GA18 Accident/incident report *continued*

Part C - Environmental incident											
Type of incident (tick boxes for all that apply)											
Air pollution		Noise or vibration			Plants or wildlife			Fly tipping			
Water contamination		Ground contamination			Waste disposal						
Other (state)											
Severity of incident (tick one box only)											
Minor			Significant			Major					
Has incident been reported to the environment agency/NRW/SEPA/NIEA?				Yes	No	Contact details/reference					
Part D - Utility damage											
Description of service						Owner of service					
Cause of damage (please tick as appropriate)											
Mechanical plant		Hand-operated plant			Hand tools			Plant owner's name/plant hire company's name			
Other (state)											
If the plant was on hire, state to whom											
Who undertook the repair of the service?						Date and time repair undertaken					
Was the service clearly shown on permit to dig?					Yes	No	If 'No' state why				
State company responsible for the damage in your opinion		Will they be invoiced direct by utility company?			Yes	No	If 'No' state why				
Details of communications with company responsible for damage											
Date on correspondence				Reference of correspondence (such as unique letter reference)							
Part E - Theft/vandalism/violence											
Item stolen		Serial no.			Value			Owner			
Crime number/police log reference		Date and time reported			Name of person who reported the incident						

GA18 Accident/incident report *continued*

Part F – Root cause and prevention <i>(tick boxes for all that apply)</i>							
Work environment							
Defective workplace		Lighting		Design/layout		Noise/distraction	
Housekeeping		Weather		Lack of room		Access/egress	
Human factors							
Failure to follow rules		Lack of experience		Failure to adhere to risk assessment		Fatigue	
Instructions misunderstood		Unsafe attitude		Horseplay		Working without authorisation	
Error of judgement		Undue haste		Lapse of concentration			
PPE							
Design		Poorly maintained/defective		Not used			
Wrong type used		Not provided/unavailable					
Management							
Non-communication of risk		Supervision		Training		System failure	
Plant/equipment							
Construction/design		Safety device		Mechanical failure			
Installation		Operation/use		Poor/lack of maintenance			
Other							
Third party		Under investigation		Other <i>(state)</i>			
Details of actions taken immediately following the incident to recover the situation							
Action taken (or suggested) to prevent reoccurrence and to communicate lessons learnt from the incident							
Person completing the form							
Name		Position		Signature		Date	
Person with overall workplace responsibility							
Name		Position		Signature		Date	