

**Health and Safety Incident Report**

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| Section 1: About the incident |
| 1.1 What are you reporting? | Choose an item. |
| 1.2 When did it happen? | Click or tap to enter a date. | Time: |  |
| 1.3 Where Did it Happen? | Choose an item. |
| If Other, please provide specific details: |
|  |
| 1.4 What Happened?  |
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| 2. About the Person Involved (if applicable) |
| 2.1 Is the Person Involved the following: | Choose an item. |
| 2.2 Name and Address of affected person (address n/a for employees) |
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| 2.3 What type of injury has been sustained? |
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| 2.4 What treatment was provided? |
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| 2.5 Did the injured person go straight back to work afterwards? (*if no please ensure this is recorded on Cascade)* | Choose an item. |
| Does this require reporting to the HSE?(RIDDOR) | Choose an item. |
| 3. Person completing form if same as section 2 please go to section 4 |
| 3.1 Name and address of person completing this form (address n/a for employees) |
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| 4. Investigations/ Lessons Learned |
| 4.1 Why did the incident happen? |
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| 4.2 Is there a risk assessment or safe system of work (SSOW) for the task? | Choose an item. |
| 4.3 Does the risk assessment or SSOW cover **all** aspects of the task? | Choose an item. |
| 4.4 Was it being followed? | Choose an item. |
| 4.5 Was maintenance/cleaning sufficient? | Choose an item. |
| 4.6 Was a lack of competency/training a factor in this incident? | Choose an item. |
| If answered no to any of the above please provide further detail; |
|  |
| Actions Identified to mitigate further incidents | Date for completion  |
| 1. | Click or tap to enter a date. |
| 2.  | Click or tap to enter a date. |
| 3.  | Click or tap to enter a date. |
| **I confirm that this is a true record of the incident I have encountered, and I am satisfied that appropriate controls are in place to prevent further similar injuries.** |
| Signature (Injured Person)*(if under 18 Responsible guardian to be notified)* | Click or tap to enter a date. |
| Signature (Person completing form) | Click or tap to enter a date. |
| **Please ensure you inform your line manager of any accidents/incidents within the workplace.** |
| **For the Employee** |
| [ ] By ticking this box, I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law. |

This form should be forwarded to accident-incidents@pioneergroup.org.uk by **email** within **4 days** of the incident taking place.