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| --- | --- | --- | --- |
|  | **Details about the person involved in the incident** | |  |
|  | Name: |  |  |
|  | Address: |  |  |
|  |  | Postcode: |  |
|  | Occupation: |  |  |
|  | Department: |  |  |
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|  | **Details about the person completing this incident report** | |  |
|  | Name: |  |  |
|  | Address: |  |  |
|  |  | Postcode: |  |
|  | Occupation: |  |  |
|  | Department: |  |  |
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|  | **About the Incident** | | **Incident Number:** |  |
|  | Time incident occurred: | Date of incident: / / | |  |
|  | Where incident occurred – Department / room / area: | | |  |
|  | Details of the incident including cause if known (use additional page if required) | | |  |
|  |  | | |  |
|  |  | | |  |
|  | Details of any injury suffered: | | |  |
|  |  | | |  |
|  |  | | |  |
|  | Is a risk assessment required following this incident? YES / NO | | |  |
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| --- | --- | --- | --- |
|  | The person involved in the incident should sign and date below: | |  |
|  | Signature: | Date: / / |  |
|  |  |  |  |

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| --- | --- | --- | --- | --- |
|  | Complete this box if this incident falls under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) | | |  |
|  | How was this incident reported: |  | |  |
|  | Name: |  |  |  |
|  | Signature: | Date: / / |  |  |
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|  | **More about the Incident** | | **Incident Number:** |  |
|  | Time incident occurred: | Date of incident: / / | |  |
|  | Where incident occurred – Department / room / area: | | |  |
|  | Further Details: | | |  |
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