



Lowestoft Town Council

INJURY, DAMAGE OR NEAR MISS REPORT FOR PERSONS

ACCIDENTS/INCIDENTS/NEAR MISSES

GENERAL INFORMATION:

By ticking this box you consent to Lowestoft Town Council retaining your information.

By filling in this form or agreeing to your details being put on this form you are consenting that your details will be kept on file. Lowestoft Town Council will not share your details with anyone other than if required to by law. by statute the Health and Safety Executive (HSE) in conforming to The General Data Protection Regulation 2016/679

Date, Time and Location of Incident:
Description of incident or occurrence, precisely where did it take place and how did it happen. Please establish primary cause: IT WAS REPORTED THAT:
Witnesses to the occurrence, OR those first on the scene:
1.
2.
3.
4.

DETAILS OF INJURED EMPLOYEE OR THIRD PARTY (INCLUDING THEIR PROPERTY):

Type of Report: Employee <input type="checkbox"/> Injury to member of public, <input type="checkbox"/> Damage to any property Injury, including contractors, vehicles or environmental incidents		
Name & Title		Occupation:
Address and Telephone No:		
Date of Birth:	Male / Female	Employee/Visitor/Contractor/Public
Part(s) of body injured / extent of injury:		
Description of property lost or damaged:		

Nature of treatment:					
Use of:	Medical Centre MEDI	Hospital HOSP	Sent Home SENT	First Aider FIRST	None N/A
<i>(Please CIRCLE/HIGHLIGHT one or more)</i>					
Extent of Injury – IS THIS A REPORTABLE ACCIDENT / INCIDENT? (RIDDOR)			Yes / No		
Names of Manager or Supervisor of the area:					

INVESTIGATION and ACTIONS

For each injury, damage or near miss, the following details must be complete and are essential to proper investigation and actions:

Is there a specific written safe system of work for the operation/activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did those involved follow the understood safe working method?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was the equipment used in a safe working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was proper personal protective clothing and equipment used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe the working conditions:			
Detail actions to prevent recurrence if any (continue on separate page if necessary). All actions to be followed up and signed off.	Who to action?	When By?	
1.			
2.			
3.			
4.			

Notes: In the case of any reportable (RIDDOR) injuries/near misses:
Written statements should be obtained from those involved and witnesses.
Include photographs or sketch of scene where possible.

COSTS CHART:

ELEMENTS OF PROPERTY LOSS OR DAMAGE	COSTS
Parts Replaced/Repaired and Labour Costs Incurred	£
Stock Lost or Damaged	£
Fire Fighting Equipment Used and Recharged	£
Other Clean-Up Costs	£
Business Interruption	£
TOTAL COST TO DATE	£

Person Time Off - Yes/No	Number of Days	Comments:

Signature of Managing Director/Health & Safety/ Area Manager:
(to show that the form has been seen and actions taken agreed):

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