



Lowestoft Town Council

PROPERTY DAMAGE, 'FIRES', DANGEROUS OCCURRENCE/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 and time of incident:
Description of incident or occurrence, where did it take place and how did it happen. Please establish the primary cause: IT WAS REPORTED THAT:
Witnesses to the occurrence, OR those first on the scene:
1.
2.
3.
4.

INVESTIGATION AND ACTIONS

Whether referring to property damage, fire, or dangerous occurrence/incident, 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 (continue on separate page if necessary). All actions to be followed up and signed off.	Who to action?	When By?
1.		
2.		
3.		

COSTS CHART:

ELEMENTS OF PROPERTY LOSS OR DAMAGE:	COSTS:
Parts Replaced / Repaired and Labour costs incurred:	£
Stock lost / damaged:	£
Fire extinguishers used and recharged:	£
Other clean-up costs:	£
Business interruption:	£
TOTAL COST TO DATE:	£

Notes: In the case of any Reportable (RIDDOR) Dangerous Occurrence, Fires, Near Misses: Written statements should be obtained from those involved and witnesses. Include photographs or sketch of scene where possible.

Property Out of use/Off Line Yes/No	Number of Hours/Days	Comments:

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

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