



Lowestoft Town Council

PROPERTY DAMAGE, 'FIRES', DANGEROUS OCCURRENCE/INCIDENTS/NEAR MISSES

GENERAL INFORMATION:

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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