

# Report of an injury or dangerous occurrence

## Filling in this form

This form must be filled in by an employers or other responsible person.

### Part A

#### About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

#### About your organisation

4 What is the name of your organisation?

5 What is its address and postcode?

6 What type of work does the organisation do?

### Part B

#### About the incident

1 On what date did the incident happen?

2 At what time did the incident happen?  
(Please use the 24-hour clock e.g. 0600)

3 Did the incident happen at the above address?

Yes  Go to question 4

No  Where did the incident happen?

elsewhere in your organisation – give name address and postcode

at someone else's premises – give name address and postcode

in a public place – give details of where it happened

If you do not know the postcode, what is the name of the local authority?

4 In which department or where on the premises did the incident happen?

### Part C

#### About the injured person

If you are reporting a dangerous occurrence, go to Part F.

If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1 What is their full name?

2 What is their home address and postcode?

3 What is their home phone number?

4 How old are they?

5 Are they

male?

female?

6 What is their job title?

7 What the injured person (tick only one box)

one of your employees?

on a training scheme? Give details:

on work experience?

employed by someone else? Give details of the employer:

self-employed and at work?

a member of the public?

### Part D

#### About the injury

1 What was the injury? (e.g. fracture, laceration)

2 What part of the body was injured?

- 3 Was the injury (tick the one box that applies)
- a fatality?
  - a major injury or condition? (see accompanying notes)
  - an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
  - an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?
- 4 Did the injured person (tick all the boxes that apply)

- become unconscious?
- need resuscitation?
- remain in hospital for more than 24 hours?
- none of the above

**Part E**

**About the kind of accident**

Please tick the one box that best describes what happened, then go to Part G.

- Contact with moving machinery or material being machined
- Hit by a moving, flying or falling object
- Hit by a moving vehicle
- Hit something fixed or stationary
- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height  
How high was the fall?
- Trapped by something collapsing
- Drowned or asphyxiated
- Exposed to, or in contact with, a harmful substance
- Exposed to fire
- Exposed to an explosion
- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by a person
- Another kind of accident (describe it in Part G)

**Part F**

**Dangerous occurrences**

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form)

**Part G**

**Describing what happened**

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

**Part H**

**Your signature**

Signature

Date

**Where to send the form**

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.