



Accident Form

Accident/incident report

Instructions for use

1. To be completed and returned as soon as possible after any incident/accident (*please print clearly*).
2. To be used for all incidents (minor and reportable), dangerous occurrences, near misses, environmental incidents, complaints, thefts and incidents involving material damage, including cable strikes.
3. Keep site copy in a secure place (General Data Protection Regulation).

Company name		This form consists of		pages
Incident date		Incident time (24-hour clock)		
Incident type (tick boxes for all that apply and then complete further parts of this form as indicated)				
Fatality*	Parts A, B (i and ii) and F	Minor incident/injury (no first aid)	Parts A, B (i and ii) and F	
Specified injury*	Parts A, B (i and ii) and F	Dangerous occurrence* (RIDDOR reportable)	Parts A, B (ii) and F	
Over seven-day injury*	Parts A, B (i and ii) and F	Environmental incident	Parts A, C and F	
Reportable disease*	Parts A, B (i and ii) and F	Near miss/dangerous occurrence (Not RIDDOR reportable)	Parts A and F	
Ill health	Parts A, B (i and ii) and F	Utility damage	Parts A, D and F	
First aid (on site)	Parts A, B (i and ii) and F	Theft/vandalism/violence	Parts A, E and F (also B (i) for violence)	
Medical treatment (off site)	Parts A, B (i and ii) and F	Complaint	Parts A and F	
*HSE incident notification number		Date reported		

Policy: [PTM-F09-Accident Form-v1](#)

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 Trading Address: Unit 10 Albion Parade | Gravesend | Kent | DA12 2RN

Part A – Description of incident										
Where on site did the incident occur?										
Were photographs taken?		Yes		No		<i>(include copies with this form)</i>		Were samples taken?		
								Yes	No	
<p>Describe what happened and how. <i>In the case of an injury, state what the injured person was doing at the time and side of body where the injury occurred (left or right). (Where possible, take photographs of the general area but not of injured persons.) In the case of an environmental incident, state the events that caused the incident (details of plant involved; photographs, wherever practicable, must be taken). In the case of damage, indicate if it is to permanent works, temporary works, plant, temporary buildings/contents or employees' personal effects. (Photographs must be taken)</i></p>										
<p>Please sketch the general area of the incident <i>(include any relevant measurements)</i> <i>(If more space is required, attach additional sheets and include references to them in this box)</i></p>										
Name			Position			Employer				
Can it be established what company caused the incident?								Yes	No	N/A
Give details <i>(company's name and individual's name)</i>										

Part B – Health and safety									
Part B(i) – Details of injured person									
Surname		Forename(s)		Date of birth		Signature <i>(if possible)</i>			
Address									
Postcode		Contact telephone no.		Position					

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Was any time lost?	Yes	No	Date work finished		Time work finished		Date work restarted		Time work restarted	
Name and telephone no. of hospital (where applicable)										
Detail all PPE required by the risk assessment for the operation						Detail all PPE worn at time of incident				
Details of person's employer (name, address and telephone) If member of the public then write 'public'										
Location of injury (tick boxes for all that apply)										
Head		Chest		Arm/shoulder		Finger		Foot		Other (state below)
Face/neck		Abdomen		Wrist		Leg/hip		Respiratory system		
Eye		Back		Hand		Ankle		Digestive system		
Type of injury (tick boxes for all that apply)										
Amputation		Strain/sprain		Foreign body		Multiple		Crush		
Bruising/swelling		Asphyxiation/gassing		Fracture		Shock/concussion		Ingestion		
Dislocation		Loss of consciousness		Burn/scald		Puncture		Internal		
Electric shock		Cut/laceration/abrasion		Whiplash		Ill health				
Other (state)										
Was the injured person advised to see their doctor or visit a hospital?								Yes	No	
Is drug or alcohol testing required?				Yes	No	Details of result		Positive	Negative	
Part B(ii) – Details of incident										
Basic cause of incident (tick one box only)										
Fall from height		Manual handling		Repetitive motion/action						
Fall on same level		Contact with tool/equipment/machinery		Collision						
Fall down stairs/steps		Contact with flying particle		Fire						
Struck by moving object		Contact with electricity		Explosion						
Struck by falling object		Contact with/exposed to heat/acid		Drowning						
Struck/trapped by something collapsed/overturning		Contact with/exposed to air/water pressure		Loss of containment/unintentional release						
Trapped between objects		Contact with/exposed to hazardous substance		Asphyxiation						
Step on/struck against stationary object		Exposure to noise/vibration		Other (state)						
Source of hazard (tick one box only)										
Lifting equipment		Scaffold		Temporary works		Flying particle				

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Vehicle/mobile equipment	Excavation	Materials	Dust
Static equipment/machinery	Stairs/steps	Floor/ground condition	Proximity to water
Moving parts of machinery	Working surface	Lack of oxygen	Workstation layout
Power tool	Structure	Heat/hot work	Hazardous substance
Hand tool	Ladder	Cold	Other <i>(state)</i>

Part C – Environmental incident									
Type of incident <i>(tick boxes for all that apply)</i>									
Air pollution		Noise or vibration		Plants or wildlife		Fly tipping			
Water contamination		Ground contamination		Waste disposal					
Other <i>(state)</i>									
Severity of incident <i>(tick one box only)</i>									
Minor			Significant				Major		
Has incident been reported to the environment agency/NRW/SEPA/NIEA?				Yes	No	Contact details/reference			
Part D – Utility damage									
Description of service					Owner of service				
Cause of damage <i>(please tick as appropriate)</i>									
Mechanical plant		Hand-operated plant		Hand tools		Plant owner's name/plant hire company's name			
Other <i>(state)</i>									
If the plant was on hire, state to whom									
Who undertook the repair of the service?					Date and time repair undertaken				
Was the service clearly shown on permit to dig?					Yes	No	If 'No' state why		
State company responsible for the damage in your opinion		Will they be invoiced direct by utility company?		Yes	No	If 'No' state why			
Details of communications with company responsible for damage									
Date on correspondence					Reference of correspondence <i>(such as unique letter reference)</i>				
Part E – Theft/vandalism/violence									

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Item stolen	Serial no.	Value	Owner
Crime number/police log reference		Date and time reported	Name of person who reported the incident

Part F – Root cause and prevention *(tick boxes for all that apply)*

Work environment

Defective workplace	Lighting	Design/layout	Noise/distraction	
Housekeeping	Weather	Lack of room	Access/egress	

Human factors

Failure to follow rules	Lack of experience	Failure to adhere to risk assessment	Fatigue	
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Instructions misunderstood	Unsafe attitude	Horseplay	Working without authorisation
Error of judgement	Undue haste	Lapse of concentration	
PPE			
Design	Poorly maintained/defective	Not used	
Wrong type used	Not provided/unavailable		
Management			
Non-communication of risk	Supervision	Training	System failure
Plant/equipment			
Construction/design	Safety device	Mechanical failure	
Installation	Operation/use	Poor/lack of maintenance	
Other			
Third party	Under investigation	Other (<i>state</i>)	
Details of actions taken immediately following the incident to recover the situation			
Action taken (or suggested) to prevent reoccurrence and to communicate lessons learnt from the incident			
Person completing the form			
Name	Position	Signature	Date

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Person with overall workplace responsibility			
Name	Position	Signature	Date

Version: V1

Reviewed 18th of October 2023

This policy has been approved by the Directors of Pinson TM Limited and signed on its behalf.

C.Lappin

Mr Charlie Lappin

Director

JLBenson

Mr Jordan Benson

Director

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