Swallow Hill Homes INCIDENT REPORT AND INVESTIGATION FORM

ACCIDENT ☐ **DANGEROUS OCCURRENCE ☐** **NEAR MISS ☐**

Date of Incident | **Time**

Location

Name of injured person **Male ☐** **Female ☐**

Address/Payroll number

Department

Nature of injury (e.g. fracture to right arm)

What action was taken (e.g. First Aid, sent to hospital)

Names of Witnesses (take witness statements)

Description of the event

First Aider		**Supervisor**	
Manager			

Immediate cause of incident

Contact with moving machinery	☐	Hit by moving, flying or falling object	☐
Hit by moving vehicle	☐	Hit something fixed or stationary	☐
Injured while lifting or carrying	☐	Slip, trip or fall on same level	☐
Drowned or asphyxiated	☐	Trapped by something collapsing	☐
Burn from fire or hot surface	☐	Exposure to or contact with harmful substance	☐
Explosion	☐	Assault	☐
Electrical burn or shock	☐	Fall from height of metres	
Other (please specify)			

Underlying contributory factors/root cause

1	
2	
3	

Measures needed to prevent recurrence (e.g. guards, training, maintenance, etc.)

Action Proposed/Completed

Date Risk Assessment reviewed	

RIDDOR reportable? **Yes ☐ No ☐** **Date reported**

Signed	
Position	

Trade union appointed safety representatives have a legal right under Safety Representatives and Safety Committee Regulations 1977 to see all accident reports. If you are happy for your personal details on this form to be provided to Trade Union appointed

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safety representatives then please indicate below. If you indicate 'no' we will anonymise the information before disclosure to the Trade Union appointed safety representatives.