

amputations

Accident or Dangerous Incident Report Form

The Trust is committed to visitor safety at all its sites. Finding out about accidents or incidents, and learning from them will help the Trust to manage visitor safety effectively.

To report an accident or dangerous incident which has occurred on a Trust site or was connected to Trust activities, please complete this form and return to carolinedavison@norfarchtrust.org.uk

1. About You					
Name:					
Telephone Number:					
Email Address:					
Status:	Employee	Volunteer	M	ember of the Public	,
2. About the Incident					
Date:					
Time:					
Location:					
Sketch plan or photo if					
possible/necessary					
What happened:	First Aid	Theft/Loss o	f Property	Near Miss	
Describe the incident:					
3. First Aid Incident					
Full name of injured party:					
Home address & postcode:					
Age:					
Are they:	Member of Public	Volunteer	Employee	Contractor	Other
Did the injury result in death:		Yes	No		
If worker/volunteer					
Did the injury prevent a					
worker/volunteer from		Yes	No		
carrying out their routine					
work for more than 7 days?					
If the injury was to a worker ha	aluntaar was the '-	uru ono of these	in the list hale	www./plages tickli	
If the injury was to a worker/vofractures, other than to	•	•	iii tile iist belo	ow: (pieuse tick):	



If member of the public.....

Office use only

- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
- covers more than 10% of the body
- causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
- lead to hypothermia or heat-induced illness
- required resuscitation or admittance to hospital for more than 24 hours

Did they have to go to hospital?		Yes	No	
4. Witnesses Witness 1: Name: Address and Post Code:				
Telephone Number: Status:	Employee	Volunteer	Contractor	Member of the Public
Witness 2: Name: Address and Post Code:				
Telephone Number: Status:	Employee	Volunteer	Contractor	Member of the Public

Thank you for completing this form. Please send it to info@norfarchtrust.org.uk

Witness 1:	Witness 2:	
Written statement: Y/N	Y/N	
Electronic file reference:		
Severity: Near-miss / Minor / Significant / Serious		
Action taken to prevent recurrence:		
Health and safety report		
Action:	Date:	
Accident report received		
Recorded (on computer)		
Investigated (date/by)		
RIDDOR reported (date)		
RIDDOR reported (method)		
Signature:	Date:	