





- 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

If member of the public.....

Did they have to go to hospital?	Yes	No
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**4. Witnesses**

**Witness 1:**

Name:

Address and Post Code:

Telephone Number:

Status:	Employee	Volunteer	Contractor	Member of the Public
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**Witness 2:**

Name:

Address and Post Code:

Telephone Number:

Status:	Employee	Volunteer	Contractor	Member of the Public
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Thank you for completing this form. Please send it to [info@norfarchtrust.org.uk](mailto:info@norfarchtrust.org.uk)

**Office use only**

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:
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Accident report received.....

Recorded (on computer).....

Investigated (date/by).....

RIDDOR reported (date).....

RIDDOR reported (method).....

Signature:	Date:
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