

Incident, Accident, Near Miss Report Form

This form is to be completed for all '*Incidents, Accidents, and Hazards (including near misses)*' that occur on Diocesan or Parish premises or involve any employees, clergy, volunteers, lay persons or those involved with the practice of the Catholic Faith within the diocese and our other pastoral and social activities.

Sections highlighted in Grey **MUST** be completed.

This form should be filled in within 24 hours of the incident and sent to the line manager, priest or activity coordinator to check/complete.

On completion this form is to be sent to the Diocesan Health and Safety Coordinator at: safety@dioceseofsalford.org.uk or by post to: Department for Finance and Administration, Cathedral Centre, Ford Street, Salford, M3 6DP

1. Where did the incident take place?

Location Address:

Exact accident Location i.e.

(church nave, parish centre kitchen, presbytery):

What activity was being undertaken at the time of accident / incident:

2. When did the incident take place?

Date:

Time *(if known):*

(Please use 24hr clock)

3. Injured Person Affected Details:

First name:

Surname:

Gender (tick box) Male:

Female:

DOB:

Address:

Postcode:

Contact Telephone Number:

Please select a group for the person affected from below:

Employee / Clergy

Occupation:

Appointment:

Function / Department:

Other

Please choose from list

*Volunteer, Lay Person, Visitor, Work Experience, Contractor
Other (Please specify).*

Job Title or Role
(if applicable)

4. Details of the person reporting the incident (if different than above)

Name:

Job title / Role
or Appointment:

Contact Number:

Email:

Place of work:

Date Reported:

Role in incident:

5. Details of any other Employees, Clergy, Volunteers, Laity, Witnesses involved

Name:

Job title:

Status e.g. employee,
clergy, volunteer, laity:

Role in incident:

Contact Number:

Email:

Name:

Job title:

Status e.g. employee,
clergy, volunteer, laity:

Role in incident:

Contact Number:

Email:

6. Description of Incident (to be completed by injured person or nominated person on their behalf) *Explain clearly how the accident / incident occurred (What, How and any Emergency Measures taken)*

7. Type of Incident (Please tick to indicate which type of incident you are reporting):

Fall from Height	<input type="checkbox"/>	Physical assault / aggressive behaviour by a person	<input type="checkbox"/>
Slip, Trips, Fall same level	<input type="checkbox"/>	Trapped by something collapsing	<input type="checkbox"/>
Struck by an Object	<input type="checkbox"/>	Struck by moving vehicle	<input type="checkbox"/>
Road Traffic Accident	<input type="checkbox"/>	Lifting & Handling injuries	<input type="checkbox"/>
Contact with moving machinery	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Contact with Electricity	<input type="checkbox"/>	Exposure to a harmful substance	<input type="checkbox"/>
Hot Surface / Substance	<input type="checkbox"/>	Other (Please State below)	

8. Type of Injury (tick boxes for all that apply)

Break / Fractures	<input type="checkbox"/>	Cuts / Lacerations / Graze	<input type="checkbox"/>
Burns/Scalds	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
Sprains/Strains	<input type="checkbox"/>	Bruises / Swelling	<input type="checkbox"/>
Crush	<input type="checkbox"/>	Concussion / Headache	<input type="checkbox"/>
Puncture	<input type="checkbox"/>	Splinters / Blisters	<input type="checkbox"/>
Electric Shock	<input type="checkbox"/>	Other (Please State below)	

9. Location of Injury (tick boxes for all that apply)

Head	<input type="checkbox"/>	Arm /Shoulder	<input type="checkbox"/>	Leg / Hip	<input type="checkbox"/>
Eye	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Ankle	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Respiratory system	<input type="checkbox"/>
Face / Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Digestive system	<input type="checkbox"/>

10. RIDDOR Reporting (to be completed by Health and Safety Co-ordinator)

	YES	NO	N/A
Is the accident / incident reportable under RIDDOR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIDDOR Category:			
Date RIDDOR Report sent to HSE:			
RIDDOR Incident Form Number:			
Follow up action required (If applicable):			

Incident Follow-up Report

11. Immediate cause of accident (consider all factors including weather, system failures, design failure, equipment failure, poor housekeeping)

12. Root cause of accident (consider issues, such as lack of training and awareness, time constraints, communication and external influences)

13. Action taken and planned (Please detail any immediate action taken as a result of this incident, and actions planned to reduce the risk of a similar incident occurring).

14. Injured Person

I Do / Do Not (delete as applicable) consent to my personal details contained in this report being shared with to persons or organisations able to demonstrate a legal right to the data therein.

Print Name:

Signature:

Date:

15. Line Manager / Clergy / Activity Responsible Person

Print Name:

Signature:

Position Held:

Date:

Confidentiality -The personal information collected about you on this form has been collected for legitimate reasons and as required by law, to help the Diocese look after and monitor employee health and safety. The information you have provided on this form will not be used for marketing purposes or transferred to a third party for general marketing purposes, but it may be transferred to a relevant authority for legal or other legitimate reasons. For example, to your solicitor, your GP or to a statutory body. The information on this form will be stored securely for a minimum period of three years, following which it will then be securely destroyed. You will be contacted if it is necessary to retain your personal information for a period of more than 3 years. You may read the full privacy notice for the Diocese of Salford at: www.dioceseofsalford.org.uk/privacy-policy/