Tool 5: Accident or Incident Record Form

Sample Accident or Incident Record Form for use in the school

INJURED PARTY DETAILS:

Surname: First Name(s): Address (Home/Company):

D.O.B.: Sex: Male/Female Status (Please tick appropriate box)

Student Teacher/staff member Visitor Contractor Other (please specify):

Date of Accident/Incident:

Date Accident/Incident reported to school management:

Where appropriate, more then one box in each section may be ticked.

TYPE OF ACCIDENT

Tick

MAIN AGENT WHICH CAUSED ACCIDENT:

**112**

Injured/damaged by a person Struck by/contact with

Caught in/under Slip/trip/fall

Sharps

Road Traffic Accident/Crash Exposure to substances/environments Manual handling

Property damage

TYPE OF INJURY

Fatality Bruise

Concussion

Internal injury Abrasion, graze Fracture

Sprain

Torn ligaments Burns

Scalds Frostbite

Injury not ascertained Trauma

Occupational disease Other (Please specify)

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PART OF BODY INJURED

Head (except eyes) Eyes

Face

Neck, back, spine Chest, abdomen Shoulder

Upper arm Elbow

Lower arm, wrist Hand

Finger (one or more)

Hip joint, thigh, kneecap Knee joint

Lower leg Ankle

Foot

Toe (one or more) Multiple injuries Trauma, shock

Other(Please specify)

Tick

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Tool 5: Accident or Incident Record Form cont’d.

Consequences Result Anticipated absence

Fatal

Non-fatal

Sick Leave Excused Light Duty Medicine

1-4 days

4-7 days

8-14 days

More than 14 days NONE, i.e. no anticipated

absence on resulting from the accident or incident.

Has the accident been reported to the Health and Safety Authority? (See note below)

Have you informed your insurance company?

Yes

Yes

No Not applicable

No Not applicable

**113**

DETAILED DESCRIPTION OF ACCIDENT/INCIDENT

Give a full description of:

* the work/activity being carried out when the accident occurred
* the equipment in use (if any)
* location of accident

Detail how the accident occurred Attach:

1. Injured party’s report
2. Witness list (level of detail required will vary depending on the severity of the accident)
3. Witness statements (level of detail required will vary depending on the severity of the accident)
4. Sketch or photograph of the scene, equipment etc. where appropriate

Investigating staff member (BlOCK CAPITALS): Signature:

Date:

Note 1: Certain accidents must be reported to the Health and Safety Authority. Reportable accidents are all workplace fatalities and those accidents where a person is injured in the course of their employment and cannot perform their normal work for more than 3 calendar days, not including the day of the accident. A death, or

an injury that requires treatment by a registered medical practitioner, which does not occur while a person is at work, but is related to either a work activity or their place of work is also reportable. Accidents may be reported on the Health and Safety Authority’s Incident Report Form (IR1) or online at [www.hsa.ie](http://www.hsa.ie/) Further information can be found in Part 1 of the Guidelines in the FAQ’s on Accident Investigating and Reporting.

Note 2: Please ensure all information gathered is in accordance with data protection principals outlined by the Data Protection Commissioner. For further information please log onto [www.dataprotection.ie](http://www.dataprotection.ie/)

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