

Appendix 3 Incident Recording Form

(To be completed by the driver)

Details of Incident					
Location of Incident					
Driver					
Vehicle (Make/Model)					
Registration Number					
Date			Time		
Type of Incident (Tick ✓)	Road Traffic Collision <input type="checkbox"/>	Product Spillage <input type="checkbox"/>	Site accident <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Lost Load <input type="checkbox"/>
Speed Limit (Kilometres Per Hour)					
Weather Conditions					
Road Conditions					
Road Signs					
Garda Details					
Was there a Garda present?					
When did the Garda arrive at the scene?					
Name of the Garda present					
Rank, Number and Station of the Garda					
Telephone Number of Garda					

Details of Any Other Vehicle(s) Involved in the Incident

Make of Vehicle	
Model of Vehicle	
Registration Number of Vehicle	
Name of Owner	
Address of Owner	
Name of Driver	
Address of Driver	
Telephone Number of Driver	
Insurance Company	
Policy Number & Expiry Date	
Description of Damage to the Other Vehicle(s)	

Details of Damage to Other Property (if any)

Type of property	
Owner's Name	

Address of Owner	
Description of Damage	
Lost Load / Product Spillage / Contamination Details	
Product Type?	
Quantity Spilled / Amount Lost?	
How Contaminated?	
Injury Details	
Was anyone injured?	
Was an Ambulance called?	
Name of the Injured Person	
Address of the Injured Person	
Description of Injury	

Witness Details (if any)		
Name of Witness		
Address		
Telephone Number		
Brief Description of the Incident		
Incident Sketch (make a rough sketch of the incident scene)		
Any remedial action taken at the incident scene?		
Photographs Taken?		
Driver's Signature		Date

Follow-up (to be completed by the Driver's Manager/Supervisor)

Has the driver the correct licence for the vehicle?	
Has the driver received the correct training for the vehicle?	
Has the driver received instruction, information and training (as appropriate) in relation to safe methods of work?	
Was the incident due to: (tick ✓ the correct option)	
<ul style="list-style-type: none"> • Human error? <input type="checkbox"/> • Mechanical failure? <input type="checkbox"/> • Unsafe systems of work? <input type="checkbox"/> • Road/weather conditions? <input type="checkbox"/> • Other? <input type="checkbox"/> 	
Was the driver to blame in any way due to: (tick ✓ the correct option)	
<ul style="list-style-type: none"> • Carelessness? <input type="checkbox"/> • Dangerous driving? <input type="checkbox"/> • Loss of concentration? <input type="checkbox"/> • Misjudgement? <input type="checkbox"/> • Not following safe systems of work? <input type="checkbox"/> • Unfamiliar with the vehicle? <input type="checkbox"/> • Other? <input type="checkbox"/> 	
Was the Incident avoidable?	
Does the Health & Safety Authority need to be notified (see www.hsa.ie)?	
Date of Notification	

Remedial Action (Outline what remedial action is required)

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Name of person carrying out the action			
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Date by which the action will be carried out			
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Signed		Date	
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Details of Actions Completed

Date action completed			
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Comments			

Signed		Date	
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