**Adult Accident/ Incident Form**

**(including near misses) – Staff/ Visitor/ Contractor/ Hirer (Highlight / circle one)**

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| **Dept.:** | **HoD:** | | |
| **Name:** | **Date of Birth:** | | |
| **Address and postcode:** | | | |
| **Activity undertaken:** | | | |
| **Date of incident:** | **Time of incident:** | | |
| **Location of incident:** | | | |
| **Nature of incident:** | | | |
| **Details of injuries:** | | | |
| **Names of others involved:** | | | |
| **Immediate Actions:**  **Action taken, and by whom:**  **Contact telephone number *(in case of follow up queries)*:** | | | |
| **No Further Action (click in box)** | | **Reportable under RIDDOR? Yes:  No:** | |
| **Actions Pending:  Brief details of action and preventative measures taken and by whom:** | | | |
| **Signature:** | | | **Date:** |
| **The individual completing the form is responsible for emailing copies to:** | | | |
| 1. Medical Centre 2. Emma Robinson (H & S) | | 1. Head of Department | |