**Adult Accident/ Incident Form**

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

|  |  |
| --- | --- |
| **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
 |