



RIDDOR
RIDDOR (NI) '97

Reporting of Injuries, Diseases and
Dangerous Occurrences Regulations
(Northern Ireland) 1997

■ What is RIDDOR (NI) '97?

RIDDOR is the law that requires employers, and other people in control of work premises, to report and keep records of:

- Work-related accidents which cause death;
- Work-related accidents which cause major injury or injury causing a person to be off work for over three days;
- Diagnosed cases of certain industrial diseases; and
- Certain “dangerous occurrences” (incidents with the potential to cause harm).

There are also special requirements for gas incidents (see reportable gas incidents).

This guidance aims to help employers and others with reporting duties under RIDDOR, to comply with RIDDOR and to understand reporting requirements.

■ Why do I need to know about RIDDOR (NI) '97?

RIDDOR (NI) '97 requires the reporting of work-related accidents, diseases and dangerous occurrences. It applies to all work activities, but not to all incidents.

Most people with duties under the Regulations will find all they need to know here. However, if you want the full text of the Regulations together with guidance notes, a separate detailed guide is available.

In 2014-2015 there was a formal public consultation on HSENI proposals to revise and amend RIDDOR (NI)'97. It had been proposed that the requirement under RIDDOR for employers to report any accident that had led to an employee being absent from work for more than three days would be changed to make the period of absence more than seven days. It was also proposed to simplify the RIDDOR reporting requirements for occupational accidents, dangerous occurrences and diseases. These changes were made in Great Britain on 6 April 2012 and 1 October 2013 respectively.

It was decided not to proceed with the proposed changes in Northern Ireland.

All the provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 and subsequent amendments therefore remain in force.

■ Why should I report?

Reporting accidents and ill health at work is a legal requirement.

The information enables the enforcing authorities to identify where and how risks arise and to investigate serious accidents. They can then help and advise you on preventive action to reduce injury, ill health and accidental loss – much of which is uninsurable.

■ Do the Regulations affect me?

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997, places a legal duty on employers, self-employed people and people in control of premises to report.

■ What do I need to do?

Not very much! – For most businesses a reportable accident, dangerous occurrence or case of disease is a comparatively rare event. Please read this leaflet and keep it handy in case you need to make a report.

■ When do I need to act?

Deaths

All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

If your employee, or a self-employed person working on your premises is killed or suffers a major injury* (including as a result of an act of violence); or

A member of the public is killed or taken to hospital;

You must notify the enforcing authority without delay (e.g. telephone). They will ask for brief details about your business, the injured person and the accident; and within ten days you must follow this up with a completed accident report form (NI2508) which is available on HSENI's website www.hseni.gov.uk.

*Definitions of major injuries are given later.

■ Over-three-day injury

If there is an accident connected with work (including an act of physical violence) and your employee, or a self-employed person working on your premises, suffers an over-three-day injury you must send a completed accident report form (NI2508) to the enforcing authority within ten days.

An over-three-day injury is one which is not major but results in the injured person being away from work or unable to do their normal work for more than three days (including non-work days).

■ Dangerous occurrence

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately (e.g. by telephone). A summary of the reportable dangerous occurrences is given later. A full list is included in the guide to the Regulations, or you can simply ring HSENI* to find out.

Within ten days you must follow this up with a completed accident report form (NI2508). Please see forms on the HSENI website, www.hseni.gov.uk.

*See “Who do I report to?” for contact details.

■ Disease

If a doctor notifies you that your employee suffers from a reportable work-related disease then you must send a completed disease report form (NI2508A) to the enforcing authority. Please see forms on the HSENI website, www.hseni.gov.uk. The reportable diseases are * listed later or you can simply ring the Employment Medical Advisory Service of the Health and Safety Executive for Northern Ireland (HSENI) to check whether a disease is reportable.

*See “Information for Doctors”.

■ Reportable gas incidents

Use form NI2508 G1 for HSENI to be informed of gas incidents that have arisen from the use of either natural gas or liquefied petroleum gas (LPG) and have caused fatal or major injuries* to gas consumers either through the acute symptoms of carbon monoxide poisoning or the effects of fires or explosions after gas escapes have occurred.

*Major injuries include any that have led to unconsciousness, or the need for hospitalisation for more than 24 hours.

Use form NI2508 G2 for HSENI to be informed of gas appliances and installations using either natural gas or liquefied petroleum gas that have been examined or tested and regarded to be dangerous*, but have not actually caused any injuries.

*To be regarded as dangerous there must be a serious fault in either the design or construction of the gas fitting (including any flue or ventilation provided for appliances), or in the way the initial installation was carried out or later serviced or modified. The fault must be so serious that people are likely to suffer death, or major injury from the acute effects of carbon monoxide poisoning or the effects of fires or explosions following gas escapes.

■ Injuries to people not at work

Work-related accidents involving members of the public or people who are not at work (e.g. a hotel or care home resident, pupil or student, or a customer in a shop) must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury.

■ Exemptions

In general reports are not required for deaths and injuries that result from:

- A person being injured as a result of an accident arising from a medical procedure carried out by or under the supervision of a registered medical practitioner or dentist, the injury does not need to be reported.
- The duties carried out by a member of the armed services while on duty; and
- Road traffic accidents, unless the accident involved:
 - ❖ The loading or unloading of a vehicle;
 - ❖ Work alongside the road, e.g. construction or maintenance work;
 - ❖ The escape of a substance being conveyed by the vehicle; or a train.

■ I'm self-employed. What do I need to do?

If you are working in someone else's premises and suffer either a major injury or an injury which means you cannot do your normal work for more than three days, then they will be responsible for reporting, so, where possible, you should make sure they know about it.

If you or a member of the public is injured while you are working on your own premises, if there is a dangerous occurrence there, or if a doctor tells you you have a work-related disease or condition, then you need to report it. However, as a self-employed person you don't need to notify immediately if you suffer a major injury on your own premises. Either you or someone acting for you should send in a report form within ten days.

■ Who do I report to?

Since 1 April 2013, employers have the option to report all work-related incidents to HSENI, no matter who the relevant enforcing authority is for the business.

HSENI, in agreement with local councils, are now offering this new service in the hope that it will make it easier for employers to report incidents at work.

This is especially relevant where it is difficult for an employer to determine who their relevant enforcing authority is.

HSENI will process all forms onto its RIDDOR database and, where applicable, forward on relevant forms to the appropriate district council to register and process in the normal way.

■ Who is the Enforcing Authority?

In general you should contact the environmental health department of your district council if your business is:

- Office based;
- Retail or wholesale;
- Retail or wholesale warehousing;
- Tyre and exhaust fitters;
- Restaurants, take away food shops, mobile snack bars and catering services;
- Hotels, guest houses, residential homes (but not nursing homes);
- Leisure and entertainment facilities (privately owned);
- Exhibitions;
- Religious places of worship and other associated activities;
- Undertakers;
- The practice or presentation of the arts, sports, games, entertainment or other cultural or recreational activities;
- Therapeutic and beauty services; and
- Animal care.

See “Enforcing Authorities” for contact details.

For all other types of business you should report to:

Health and Safety Executive for Northern Ireland,
83 Ladas Drive,
Belfast BT6 9FR.
Tel: (028) 9024 3249.

■ How do I make a report?

Who should report?

Only “responsible persons” including employers, the self-employed and people in control of work premises should submit reports under RIDDOR. If you are an employee (or representative) or a member of the public wishing to report an incident about which you have concerns, please refer to our helpline.

■ Reporting online

Responsible persons should complete the appropriate online report form listed below (except for gas G1 and G2). The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records.

By Telephone

All incidents can be reported online but a telephone service is also provided for reporting fatalities and major incidents only.

Tel: 0800 0320 121 (Monday to Friday 9am to 5pm).

HSENI has an out of hour's duty officer. Circumstances where HSENI may need to respond out of hours include:

- A work-related death or situation where there is a strong likelihood of death following an incident at, or connected with, work;
- A serious accident at a workplace so that HSENI can gather details of physical evidence that would be lost with time; and
- Following a major incident at a workplace where the severity of the incident, or the degree of public concern, requires an immediate public statement from either HSENI or government minister.

Paper forms

The online system is the preferred reporting mechanism. If you are having difficulty with this method you can submit paper forms to:-

RIDDOR Reports

HSENI
83 Ladas Drive
Belfast
BT6 9FR

■ Which Report Form must I use?

Form NI2508 - for reporting injuries and dangerous occurrences

Form NI2508 A - for reporting cases of disease

Form NI2508 G1 - for reporting flammable gas incidents

Form NI2508 G2 - for reporting dangerous gas fittings

Form NI2508 RA - for reporting a railway incident (not at a level crossing)

Form NI2508 RB - for reporting a railway incident (at a level crossing)

You can download all these forms at HSENI's website: www.hseni.gov.uk

■ Keeping records

You must keep a record of any reportable injury, disease or dangerous occurrence. This must include the date and method of reporting; the date, time and place of the event, personal details of those involved and a brief description of the nature of the event or disease. You can keep the record in any form you wish, for example by keeping copies of completed report forms in a file or recording the details on a computer.

You can print and/or save a copy of the online form. A copy of the form will be automatically emailed to the email address provided by you.

In the case of accidents, employers who must keep an accident book under social security law can use this for keeping the records of injuries although a separate method will be needed for cases of disease.

Information supplied to HSENI in a RIDDOR report is not passed on to your insurance company. If you think your insurer needs to know about a work-related accident, injury or case of ill health, please remember to contact them separately, reporting injuries and illnesses at work to them quickly could save you time and money.

■ Is that all?

Yes – for the majority of people with duties under the Regulations this leaflet contains all you will need to know.

Any questions you may have, for example on reportable dangerous occurrences or diseases, can be answered by calling HSENI*. If, however, you would like to have more of the detail to hand, a detailed guide to the Regulations is available. It contains the full text of the Regulations together with guidance on interpretation and includes the lists of reportable diseases and dangerous occurrences.

*See “Who do I report to?” for contact details.

■ Definition of major injuries, dangerous occurrences and diseases

Reportable major injuries are:

- fracture other than to fingers, thumbs or toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material;
- any other injury leading to hypothermia, heat induced illness or to unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours.

Dangerous occurrence numbers and descriptions:

1. collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
2. explosion, collapse or bursting of any closed vessel or associated pipework;
3. failure of any freight container in any of its loadbearing parts;
4. plant or equipment coming into contact with overhead power lines;
5. electrical short circuit or overload causing fire or explosion;
6. any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
7. accidental release of a biological agent likely to cause severe human illness;
8. failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
9. malfunction of breathing apparatus while in use or during testing immediately before use;
10. failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
11. collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
12. unintended collision of a train with any vehicle;
13. Wells - dangerous occurrence at a well (other than a water well);
14. Pipelines or Pipeline Works - dangerous occurrence at a pipeline;

15. Fail Fair Ride - failure of any loadbearing fairground equipment, or derailment or unintended collision of cars or trains;
 16. Incident Carriage of Dangerous Goods by Road - a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released; a dangerous substance being conveyed by road is involved in a fire or released;
- The following dangerous occurrences are reportable except in relation to offshore workplaces;***
17. Collapse Structure - unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any falsework;
 18. Explosion or Fire - explosion or fire causing suspension of normal work for over 24 hours;
 19. Release Flammable Liquid or gas - sudden, uncontrolled release in a building of: 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or of 500kg of these substances if the release is in the open air;
 20. Release Substances - accidental release of any substance which may damage health.

**Dangerous
Occurrence No.**

Description

- | | |
|------------------------------|--|
| 40. Collapse Bunker | collapse of any storage bunker |
| 41. Sinking of Craft | sinking of any water-borne craft or hovercraft |
| 42. Explosion Blast | explosion resulting in person suffering an injury |
| 43. Projection Blast | projection beyond a quarry boundary as a result of blasting |
| 44. Misfire Quarry | any misfire in a quarry |
| 45. Movement Tip | any event at a quarry which indicates that a tip is insecure |
| 46. Movement of Slopes/Faces | movement or failure of an excavated slope or face |
| 47. Explosion Mobile | explosions or fires in vehicles or mobile plant |

Note: additional categories of dangerous occurrences apply to mines, quarries, railways and offshore workplaces.

■ How does the system of disease reporting operate?

The diseases which are reportable are listed on pages 15-24. The types of work activity set out alongside the diseases are those where that disease is a recognised risk. An employer or self-employed person has to report a listed case of disease when:

- it has been diagnosed in writing by a doctor;
- the person concerned is currently employed in an associated work activity.

A report of a case of disease will not necessarily signify that it was caused by work. It will mean that the person who is affected works in a job where the disease is likely to have an occupational origin.

■ How can doctors help?

Employers have to report cases of disease only if they have received a written diagnosis from a doctor. A self-employed person need only be informed by a doctor that they are suffering from a disease to make it reportable.

Doctors therefore play an important role in the occupational disease reporting system.

It is important for both employers and the self-employed that any reportable diseases can be easily identified, for instance from the medical certificates or correspondence they receive.

Doctors can help considerably in this process by using the precise description of the disease listed so that the employer will be able to identify immediately whether the case of disease is reportable or not.

■ Confidentiality

There may be circumstances when it would be inappropriate to disclose information about an employee's condition or to pass it on to their employer. The reporting system introduced by RIDDOR (NI) '97 contains nothing to alter this aspect of the normal ethical considerations in the doctor-patient relationship.

Reportable diseases from Schedule 3 of the Regulations

Occupational diseases

Conditions due to physical agents and physical demands of work

1. Inflammation, ulceration or malignant disease of the skin due to ionising radiation.
2. Malignant disease of the bones due to ionising radiation.
3. Blood dyscrasia due to ionising radiation.
Activity: Work with ionising radiation.
4. Cataract due to electromagnetic radiation.
Activity: Work involving exposure to electromagnetic radiation (including radiant heat).
5. Decompression illness.
6. Barotrauma resulting in lung or other organ damage.
7. Dysbaric osteonecrosis.
Activity: Work involving breathing gases at increased pressure (including diving).
8. Cramp of the hand or forearm due to repetitive movements.
Activity: Work involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm.
9. Subcutaneous cellulitis of the hand (beat hand).
Activity: Physically demanding work causing severe or prolonged friction or pressure on the hand.
10. Bursitis or subcutaneous cellulitis arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee (beat knee).
Activity: Physically demanding work causing severe or prolonged friction or pressure at or about the knee.

11. Bursitis or subcutaneous cellulitis arising at or about the elbow due to severe or prolonged external friction or pressure at or about the elbow (beat elbow).
Activity: Physically demanding work causing severe or prolonged friction or pressure at or about the elbow.

12. Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths.
Activity: Physically demanding work, frequent or repeated movements, constrained postures or extremes of extension or flexion of the hand or wrist.

13. Carpal tunnel syndrome.
Activity: Work involving the use of handheld vibrating tools.

14. Handarm vibration syndrome.
Activity: Work involving:

- (a) the use of chain saws, brush cutters or handheld or handfed circular saws in forestry or woodworking;
- (b) the use of handheld rotary tools in grinding material or in sanding or polishing metal;
- (c) the holding of material being ground or metal being sanded or polished by rotary tools;
- (d) the use of handheld percussive metalworking tools or the holding of metal being worked upon by percussive tools in connection with riveting, caulking, chipping, hammering, fettling or swaging;
- (e) the use of handheld powered percussive drills or hand-held powered percussive hammers in mining, quarrying or demolition, or on roads or footpaths (including road construction); or
- (f) the holding of material being worked upon by pounding machines in shoe manufacture.

Infections due to biological agents

15. Anthrax.
Activity:

- (a) Work involving handling infected animals, their products or packaging containing infected material; or
- (b) work on infected sites.

16. Brucellosis.
Activity: Work involving contact with:

- (a) animals or their carcasses (including any parts thereof) infected by brucella or the untreated products of same; or
- (b) laboratory specimens or vaccines of or containing brucella.

17. (a) Avian chlamydiosis.

Activity: Work involving contact with birds infected with chlamydia psittaci, or the remains or untreated products of such birds.

(b) Ovine chlamydiosis.

Activity: Work involving contact with sheep infected with chlamydia psittaci, or the remains or untreated products of such sheep.

18. Hepatitis.

Activity: Work involving contact with:

- (a) human blood or human blood products; or
- (b) any source of viral hepatitis.

19. Legionellosis.

Activity: Work on or near cooling systems which are located in the workplace and use water; or work on hot water service systems located in the workplace which are likely to be a source of contamination.

20. Leptospirosis.

Activity:

- (a) Work in places which are or are liable to be infested by rats, field mice, voles or other small mammals;
- (b) work at dog kennels or involving the care or handling of dogs; or
- (c) work involving contact with bovine animals or their meat products or pigs or their meat products.

21. Lyme disease.

Activity: Work involving exposure to ticks (including in particular work by forestry workers, rangers, dairy farmers, game keepers and other persons engaged in countryside management).

22. Q Fever.

Activity: Work involving contact with animals, their remains or their untreated products.

23. Rabies.

Activity: Work involving handling or contact with infected animals.

24. Streptococcus suis.

Activity: Work involving contact with pigs infected with streptococcus suis or with the carcasses, products or residues of pigs so affected.

25. Tetanus.

Activity: Work involving contact with soil likely to be contaminated by animals.

26. Tuberculosis.

Activity: Work with persons, animals, human or animal remains or any other material which might be a source of infection.

27. Any infection reliably attributable to the performance of the work specified in the entry opposite hereto.

Activity: Work with microorganisms; work with live or dead human beings in the course of providing any treatment or service or in conducting any investigation involving exposure to blood or body fluids; work with animals or any potentially infected material derived from any of the above.

Conditions due to substances

28. Poisonings by any of the following:

- (a) acrylamide monomer;
- (b) arsenic or one of its compounds;
- (c) benzene or a homologue of benzene;
- (d) beryllium or one of its compounds;
- (e) cadmium or one of its compounds;
- (f) carbon disulphide;
- (g) diethylene dioxide (dioxan);
- (h) ethylene oxide;
- (i) lead or one of its compounds;
- (j) manganese or one of its compounds;
- (k) mercury or one of its compounds;
- (l) methyl bromide;
- (m) nitrochlorobenzene, or a nitro or amino or chloro derivative of benzene or of a homologue of benzene;
- (n) oxides of nitrogen;
- (o) phosphorus or one of its compounds.

Activity: Any activity.

29. Cancer of a bronchus or lung

Activity:

- (a) Work in or about a building where nickel is produced by decomposition of a gaseous nickel compound or where any industrial process which is ancillary or incidental to that process is carried on; or
- (b) work involving exposure to bis(chloromethyl) ether or any electrolytic chromium processes (excluding passivation) which involve hexavalent chromium compounds, chromate production or zinc chromate pigment manufacture.

30. Primary carcinoma of the lung where there is accompanying evidence of silicosis.

Activity: Any occupation in:

- (a) glass manufacture;
- (b) sandstone tunnelling or quarrying;
- (c) the pottery industry;
- (d) metal ore mining;
- (e) slate quarrying or slate production;
- (f) clay mining;
- (g) the use of siliceous materials as abrasives;
- (h) foundry work;
- (i) granite tunnelling or quarrying; or
- (j) stone cutting or masonry.

31. Cancer of the urinary tract.

Activity 1: Work involving exposure to any of the following substances:

- (a) betanaphthylamine or methylenebisorthochloroaniline;
- (b) diphenyl substituted by at least one intro or primary amino group or by at least one nitro and primary amino group (including benzidine);
- (c) any of the substances mentioned in subparagraph (b) above if further ring substituted by halogeno, methyl or methoxy groups, but not by other groups; or
- (d) the salts of any of the substances mentioned in subparagraphs (a) to (c) above.

Activity 2: The manufacture of auramine or magenta.

32. Bladder cancer

Activity: Work involving exposure to aluminium smelting using the Soderberg process.

33. Angiosarcoma of the liver.

Activity:

- (a) Work in or about machinery or apparatus used for the polymerisation of vinyl chloride monomer, a process which, for the purposes of this subparagraph, comprises all operations up to and including the drying of the slurry produced by the polymerisation and the packaging of the dried product; or
- (b) work in a building or structure in which any part of the process referred to in the foregoing subparagraph takes place.

34. Peripheral neuropathy.

Activity: Work involving the use of handling of or exposure to the fumes of or vapour containing n-hexane or methyl n-butyl ketone.

35. Chrome ulceration of:

- (a) the nose or throat; or
- (b) the skin of the hands or forearm

Activity: Work involving exposure to chromic acid or to any other chromium compound.

36. Folliculitis.

Activity: Work involving exposure to mineral oil, tar, pitch or arsenic.

37. Acne.

Activity: Work involving exposure to mineral oil, tar, pitch or arsenic.

38. Skin cancer.

Activity: Work involving exposure to mineral oil, tar, pitch or arsenic.

39. Pneumoconiosis (excluding asbestosis).

Activity 1:

- (a) The mining, quarrying or working of silica rock or the working of dried quartzose sand, and dry deposit or residue of silica or any dry admixture containing such materials (including any activity in which any of the aforesaid operations are carried out incidentally to the mining or quarrying of other minerals or to the manufacture of articles containing crushed or ground silica rock); or
- (b) the handling of any of the materials specified in the foregoing subparagraph in or incidentally to any of the operations mentioned therein or substantial exposure to the dust arising from such operations.

Activity 2: The braking, crushing or grinding of flint, the working or handling of broken, crushed or ground flint or materials containing such flint or substantial exposure to the dust arising from any of such operations.

Activity 3: Sand blasting by means of compressed air with the use of quartzose sand or crushed silica rock or flint or substantial exposure to the dust arising from such sand blasting.

Activity 4: Work in a foundry or the performance of, or substantial exposure to the dust arising from, any of the following operations:

- (a) the freeing of steel castings from adherent siliceous substance or;
- (b) the freeing of metal castings from adherent siliceous substance:
 - by blasting with an abrasive propelled by compressed air, steam or a wheel, or
 - by the use of powerdriven tools

Activity 5: The manufacture of china or earthenware (including sanitary earthenware, electrical earthenware and earthenware tiles) and any activity involving substantial exposure to the dust arising therefrom.

Activity 6: The grinding of mineral graphite or substantial exposure to the dust arising from such grinding.

Activity 7: The dressing of granite or any igneous rock by masons, the crushing of such materials or substantial exposure to the dust arising from such operations.

Activity 8: The use or preparation for use of an abrasive wheel or substantial exposure to the dust arising therefrom.

Activity 9:

- (a) Work underground in any mine in which one of the objects of the mining operations is the getting of any material;
- (b) the working or handling above ground at any coal or tin mine of any materials extracted therefrom or any operation incidental hereto;
- (c) the trimming of coal in any ship, barge, lighter, dock or harbour or at any wharf or quay; or
- (d) the sawing, splitting or dressing of slate or any operation incidental thereto.

Activity 10: The manufacture of work incidental to the manufacture of carbon electrodes by an industrial undertaking for use in the electrolytic extraction of aluminium from aluminium oxide and any activity involving substantial exposure to the dust therefrom.

Activity 11: Boiler scaling or substantial exposure to the dust arising therefrom.

40. Byssinosis.

Activity: The spinning or manipulation of raw or waste cotton or flax or the weaving of cotton or flax, carried out in each case in a room in a factory together with any other work carried out in such a room.

Asbestos Related Diseases

41. Mesothelioma.

42. Lung cancer.

43. Asbestosis.

Activity:

- (a) The working or handling of asbestos or any admixture of asbestos;
- (b) the manufacture or repair of asbestos textiles or other articles containing or composed of asbestos;
- (c) the cleaning of any machinery or plant used in any of the foregoing operations and of any chambers, fixtures and appliances for the collection of asbestos dust; or
- (d) substantial exposure to the dust arising from any of the foregoing operations.

44. Cancer of the nasal cavity or associated air sinuses.

Activity 1:

- (a) Work in or about a building where wooden furniture is manufactured;
- (b) work in a building used for the manufacture of footwear or components of footwear made wholly or partly of leather or fibre board; or
- (c) work at a place used wholly or mainly for the repair of footwear made wholly or partly of leather or fibre board.

Activity 2: Work in or about a factory building where nickel is produced by decomposition of a gaseous nickel compound or in any process which is ancillary or incidental thereto.

45. Occupational dermatitis.

Activity: Work involving exposure to any of the following agents:

- (a) epoxy resin systems;
- (b) formaldehyde and its resins;
- (c) metalworking fluids;
- (d) chromate (hexavalent and derived from trivalent chromium);
- (e) cement, plaster or concrete;
- (f) acrylates and methacrylates;
- (g) colophony (rosin) and its modified products;

- (h) glutaraldehyde;
- (i) mercaptobenzothiazole, thiurams, substituted paraphenylenediamines and related rubber processing chemicals;
- (j) biocides, antibacterials, preservatives or disinfectants;
- (k) organic solvents;
- (l) antibiotics and other pharmaceuticals and therapeutic agents;
- (m) strong acids, strong alkalis, strong solutions (e.g. brine) and oxidising agents including domestic bleach or reducing agents;
- (n) hairdressing products including in particular dyes, shampoos, bleaches and permanent waving solutions;
- (o) soaps and detergents;
- (p) plants and plantderived material including in particular the daffodil, tulip and chrysanthemum families, the parsley family (carrots, parsnips, parsley and celery), garlic and onion, hardwoods and the pine family;
- (q) fish, shellfish or meat;
- (r) sugar or flour; or
- (s) any other known irritant or sensitising agent including in particular any chemical bearing the warning 'may cause sensitisation by skin contact' or 'irritating to the skin'.

46. Extrinsic alveolitis (including farmer's lung).

Activity: Exposure to moulds, fungal spores or heterologous proteins during work in:

- (a) agriculture, horticulture, forestry, cultivation of edible fungi or maltworking;
- (b) loading, unloading or handling mouldy vegetable matter or edible fungi whilst same is being stored;
- (c) caring for or handling birds; or
- (d) handling bagasse

47. Occupational asthma.

Activity: Work involving exposure to any of the following agents:

- (a) isocyanates;
- (b) platinum salts;
- (c) fumes or dust arising from the manufacture, transport or use of hardening agents (including epoxy resin curing agents) based on phthalic anhydride, tetrachlorophthalic anhydride, trinellitic anhydride or triethylenetetramine;
- (d) fumes arising from the use of rosin as a soldering flux;
- (e) proteolytic enzymes;
- (f) animals including insects and other arthropods used for the purposes of research or education or in laboratories;

- (g) dusts arising from the sowing, cultivation, harvesting, drying, handling, milling, transport or storage of barley, oats, rye, wheat or maize or the handling, milling, transport or storage of meal or flour made therefrom;
- (h) antibiotics;
- (i) cimetidine;
- (j) wood dust;
- (k) ispaghula;
- (l) castor bean dust;
- (m) ipecacuanha;
- (n) azodicarbonamide;
- (o) animals including insects and other arthropods (whether in their larval forms or not) used for the purposes of pest control or fruit cultivation or the larval forms of animals used for the purposes of research or education or in laboratories;
- (p) glutaraldehyde;
- (q) persulphate salts or henna;
- (r) crustaceans or fish or products arising from these in the food processing industry;
- (s) reactive dyes;
- (t) soya bean;
- (u) tea dust;
- (v) green coffee bean dust;
- (w) fumes from stainless steel welding;
- (x) any other sensitising agent, including in particular any chemical bearing the warning 'may cause sensitisation by inhalation'.

Enforcing Authorities

Health and Safety Executive for Northern Ireland
83 Ladas Drive
Belfast BT6 9FR
Helpline: 0800 0320 121
Tel: (028) 9024 3249
Email: mail@hse-ni.gov.uk
Web: www.hse-ni.gov.uk

Enforcing Authorities

AREA

ANTRIM AND NEWTOWNABBEY BOROUGH COUNCIL -

Chief Environmental Health Officer, Mossley Mill, Newtownabbey,
BT36 5QA Tel: 028 9034 0000

ARDS AND NORTH DOWN BOROUGH COUNCIL -

Chief Environmental Health Officer, 2 Church Street,
Newtownards, BT23 4AP, Tel: 0300 013 3333

ARMAGH CITY, BANBRIDGE AND CRAIGAVON BOROUGH COUNCIL -

Chief Environmental Health Officer, Craigavon Civic and Conference Centre,
Lakeview Road, Craigavon, BT64 1AL, Tel: 028 3831 2400

BELFAST CITY COUNCIL -

Chief Environmental Health Officer, The Cecil Ward Building,
4-10 Linenhall Street, Belfast, BT2 8BP, Tel: 028 9027 0428

CAUSEWAY COAST AND GLENS BOROUGH COUNCIL -

Chief Environmental Health Officer, Riada House, 14 Charles Street,
Ballymoney, BT53 6DZ, Tel: 028 2766 0257

DERRY CITY AND STRABANE DISTRICT COUNCIL -

Chief Environmental Health Officer, 98 Strand Road,
Derry, BT48 7NN, Tel: 028 7125 3253

FERMANAGH AND OMAGH DISTRICT COUNCIL -

Chief Environmental Health Officer, The Grange, Mountjoy Road,
Lisnamallard, Omagh, BT79 7BL, Tel: 0300 303 1777

LISBURN AND CASTLEREAGH CITY COUNCIL -

Chief Environmental Health Officer, Island Civic Centre,
The Island, Lisburn, BT27 4RL, Tel: 028 9244 7300

MID AND EAST ANTRIM BOROUGH COUNCIL -

Chief Environmental Health Officer, Ardeevin, 80 Galgorm Road,
Ballymena, BT42 1AB, Tel: 00300 124 5000

MID ULSTER DISTRICT COUNCIL -

Chief Environmental Health Officer, Circular Road,
Dungannon, BT71 6DT, Tel: 03000 132 132

NEWRY, MOURNE AND DOWN DISTRICT COUNCIL -

Chief Environmental Health Officer, O'Hagan House,
Monaghan Row, Newry, BT35 8DJ, Tel: 0330 137 4000

Report of an injury or dangerous occurrence

Form NI2508

Filling in this form

This form must be filled in by an employer or other responsible person.

PART A

About you

1. What is your Title / First Name / Surname?

2. What is your job title?

3. What is your telephone number?

4. What is your e-mail address?

About your organisation

5. What is the name of your organisation?

6. What is the address?

Property

Street

Locality

Town

County

Postcode

E-mail

7. What type of work does the organisation do?

PART B

About the incident

1. On what date did the incident happen?

2. Time?

(Please use format: dd/mm/yyyy)

3. Did the incident happen at the above address?

Yes ☐ Go to question 4

No ☐ Where did the incident happen?

☐ elsewhere in your organisation
give the name, address
and postcode?

☐ at someone else's
premises - give the name,
address and postcode

☐ in a public place – give details
of where it happened

If you do not know the postcode, what is
the name of the local authority?

4. In which department, or where on the premises did the incident happen?

PART C

About the injured person

If you are reporting a dangerous occurrence, go to Part F. If more than one person was injured in the same incident, Please attach the details asked for in Part C and Part D for each injured person.

1. What is your Title / First Name / Surname?

2. What is their address and postcode?

Property

Street

Locality

Town

County

Postcode

3. Phone

4. Age

(number format only)

5. Are they

☐ male?

☐ female?

6. What is their job title?

7. Was the injured person (tick only one box)

☐ one of your employees?

☐ on a training scheme? Give details below:

☐ on work experience?

☐ employed by someone else? Give details below

☐ other? Give details below

☐ self-employed and at work

☐ a member of the public

PART D

About the injury

1. What was the injury?

Enter the number of the Injury Type and Site you are reporting. The numbers are in the notes which accompany this form.

2. What part of the body was injured?

3. Was the injury (tick the one box that applies)

- ☐ a fatality
- ☐ a major injury or condition?
(see accompanying notes)
- ☐ an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
- ☐ an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4. Did the injured person (tick all the boxes that apply)

- ☐ become unconscious?
- ☐ need resuscitation?
- ☐ remain in hospital for more than 24 hours?

PART E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- ☐ Contact with moving machinery or material being machined
- ☐ Hit by a moving, flying or falling object
- ☐ Hit by a moving vehicle
- ☐ Hit something fixed or stationary
- ☐ Injured while handling, lifting or carrying
- ☐ Slipped, tripped or fell on the same level
- ☐ Fell from a height

How high was the fall?

<input type="text"/>	metres
----------------------	--------

- ☐ Trapped by something collapsing
- ☐ Drowned or asphyxiated
- ☐ Exposed to, or in contact with, a harmful substance
- ☐ Exposed to fire
- ☐ Exposed to an explosion
- ☐ Contact with electricity or an electrical discharge
- ☐ Injured by an animal
- ☐ Physically assaulted by a person
- ☐ Another kind of accident (describe it in Part G)

PART F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form.

PART G

Describing what happened

Give as much details as you can.
For instance

- the name of any substances involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people

If it was personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent similar incident. Use a separate piece of paper if you need to.

PART H

Your Signature

Signature

Date

(Please use format: dd/mm/yyyy)

Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the Health and Safety Executive for Northern Ireland, 83 Ladas Drive, Belfast BT6 9FR.
Email: online@hse-ni.gov.uk

Client Ref #

Workplace Ref #

CMS Case Ref #

☐ IVP REP

☐ Y

☐ N



**Please continue on this page
if necessary**

EXAMPLE FORM



Report of an Injury or Dangerous Occurrence

Guidance on Type of Injury:

Please use one of the following Types of Injury for **Part D, Question 1**

No.	Description
02	AMPUTATION involving loss of part/whole of limb, digit etc. Excludes loss of tooth or nail
03	LOSS OF SIGHT of eye (major whether permanent or temporary)
04	FRACTURE with dislocation, chipped or cracked bone; hairline fracture.
05	DISLOCATION without fracture
06	CONCUSS/INTERNAL damage without fracture to skull, chest, pelvis, abdomen etc.
07	LACERATION & open wounds resulting in several tendon, nerve, blood vessels & stitches
08	CONTUSION superficial injuries which do not break the skin surface, bruises & crushing
09	BURNS from electricity, flame, hot/cold object, external chemical burns, welders eye flash
10	ASPHYXIA/POISON Absorption, ingestion or inhalation of toxic substances & asphyxia by gases
11	STRAIN and sprains including back/torn ligaments
13	SUPERFICIAL abrasions, scratches, blisters, bites, cuts, puncture wounds, graze
14	MULTIPLE injuries of more than 1 type where no 1 injury is more severe
15	ELECTRICITY loss of consciousness, shock etc. form electricity/electrical appliances
16	NATURAL CAUSES including heart attack
28	OTHER KNOWN where injury is not included in another category. Includes traumatic shock
29	OTHER N/K where no information is available to identify the nature of injury

Guidance on Site of Injury:

Please use one of the following Sites of Injury for Part D, Question 2

01.	EYE - Eye including eyelids
02.	EAR - Ear
03.	FACE - OTHER PARTS: other parts of face (including jaw and teeth)
04.	HEAD - Parts of head; skull; forehead; etc. but excluding face.
05.	SEVERAL HEAD - Several locations of head.
07.	NECK - Neck including spine in the neck.
08.	BACK - Back including spine in the back.
09.	TRUNK - chest, abdomen, pelvis, groin.
10.	SEVERAL TORSO - Several location of neck, back and trunk.
12.	FINGER - One or more fingers including thumb(s).
13.	HAND - Hand
14.	WRIST - Wrist.
15.	UPPER LIMB - Upper limb including arm, shoulder, elbow, collar bone, shoulder blade.
16.	SEVERAL UPPER LIMB - Several locations of upper limb.
22.	TOE - One or more toes
23.	FOOT - Foot including heel.
24.	ANKLE - Ankle
25.	LOWER LIMB - Lower limb including calf, knee, thigh, and hip.
26.	SEVERAL LOWER LIMB - Several locations of lower limb.
27.	SEVERAL LOCATIONS - Several locations where more than one part of the body is affected.
28.	GENERAL LOCATIONS - General locations where the body system is affected e.g. drowning and asphyxia
29.	UNSPECIFIED LOCATIONS - Part(s) of the body affected not known

Health and Safety at Work (Northern Ireland) Order 1978
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
(Northern Ireland) 1997

Guidance on Dangerous Occurrence:

Please use one of the following Dangerous Occurrences for Part F

01.	FAILURE OF LIFTING MACHINERY - collapse, overturning of lifts/lifting equipment
02.	FAIL VESSEL - explosion, collapse or bursting of closed vessel or associated pipework
03.	FAIL FREIGHT - failure of freight container in any of its load-bearing parts
04.	OVERHEAD ELECTRIC LINES - plant/equipment coming into contact with overhead power lines
05.	FIRE/EXPLOSION ELECTRIC - electrical short circuit/overload causing fire or explosion
06.	EXPLOSION / MISFIRE - unintentional explosion, a misfire, failure of shots in demolition
07.	RELEASE AGENT - accidental release of biological agent likely to cause severe illness
08.	FAIL RADIATION - malfunction of radiation generators etc.
09.	FAIL BREATHING - malfunction of breathing apparatus in use or immediately before use
10.	FAIL DIVING - incidents in relation to a diving operation
11.	COLLAPSE OF SCAFFOLDING - or partial collapse of a scaffold over 5 metres
12.	CRASH TRAIN - unintended collision of a train with any vehicle
13.	WELLS - dangerous occurrence at a well (other than a water well)
14.	PIPELINES OR PIPELINE WORKS - dangerous occurrence at a pipeline
15.	FAIL FAIR RIDE - failure of load-bearing part; derailment/unintended collision of cars
16.	INCIDENT CARRIAGE OF DANGEROUS GOODS BY ROAD - overturns, seriously damaged, release/escape, fire
17.	COLLAPSE STRUCTURE - includes construction/alteration/demolition >5tonnes
18.	EXPLOSION OR FIRE - causing suspension of normal work for over 24 hours
19.	RELEASE FLAMMABLE LIQUID OR GAS - uncontrolled release in a building or open air
20.	RELEASE SUBSTANCES - accidental release of any substance which may damage health
40.	COLLAPSE BUNKER - collapse of any storage bunker
41.	SINKING OF CRAFT - sinking of any water-borne craft or hovercraft
42.	EXPLOSION BLAST - explosion resulting in person suffering an injury
43.	PROJECTION BLAST - projection beyond a quarry boundary as a result of blasting
44.	MISFIRE QUARRY - any misfire in a quarry
45.	MOVEMENT TIP - any event at a quarry which indicates that a tip is insecure
46.	MOVEMENT OF SLOPE/FACES - movement or failure of an excavated slope or face
47.	EXPLOSION MOBILE - explosions or fires in vehicles or mobile plant

Report of a case of disease

Form NI2508A

Filling in this form

This form must be filled in by an employer or other responsible person.

PART A

About you

1. What is your Title / First Name / Surname?

2. What is your job title?

3. What is your telephone number?

4. What is your e-mail address?

7. Does the affected person usually work at this address?

☐

No

☐

Yes

No - Where do they normally work?

8. What type of work does the organisation do?

About your organisation

5. What is the name of your organisation?

6. What is the address?

Property

Street

Locality

Town

County

Postcode

E-mail

PART B

About the affected person

1. What is your Title / First Name / Surname?

2. Age

3. Gender

☐

Male

☐

Female

4. What is their job title?

5. What is their status?

☐

Employee

☐

Self-employed

☐

Other

☐

Member of Public

☐

Trainee

☐

Employed by
Someone else

☐

Work
experience

6. If 'Other' or 'Employed by someone else', specify details:

PART C

Doctor

1. What is your Title / First Name / Surname?

Property

Street

Locality

Town

County

Postcode

PART D

Disease

1. Disease Type Description (see full list of Disease Types)

2. Date diagnosed
(Please use format: dd/mm/yyyy)

3. Disease Description (continue on
the next page if necessary)

4. Date reported
(Please use format: dd/mm/yyyy)

5. Fatality

☐

No

☐

Yes

PART D (continued)

Disease

6. District Council

- ☐ Antrim & Newtownabbey Borough Council
- ☐ Armagh City, Banbridge & Craigavon Borough Council
- ☐ Belfast City Council
- ☐ Fermanagh & Omagh District Council
- ☐ Causeway Coast & Glens District Council
- ☐ Derry City & Strabane District Council
- ☐ Lisburn & Castlereagh City Council
- ☐ Ards & North Down Borough Council
- ☐ Newry, Mourne & Down District Council
- ☐ Mid and East Antrim Borough Council
- ☐ Mid-Ulster District Council

Disease description (please use this space, if necessary)

PART E

Your Signature

Signature

Date

(Please use format: dd/mm/yyyy)

Where to send the form

Please send this form to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to: Health and Safety Executive for Northern Ireland (HSENI) 83 Ladas Drive, Belfast. BT6 9FR

Or fax it to: 028 9023 5383

Or E-mail: online@hseni.gov.uk

For official use

Client Ref #

Workplace Ref #

CMS Case Ref #

☐ IVP REP

☐ Y

☐ N

Health and Safety at Work (Northern Ireland) Order 1978
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
(Northern Ireland) 1997

Report of a case of disease:

01.	Inflammation, ulceration or malignant disease of skin due to ionising radiation
02.	Malignant diseases of the bones due to ionising radiation
03.	Blood dyscrasia due to ionising radiation
04.	Cataract due to electromagnetic radiation
05.	Decompression illness
06.	Barotrauma resulting in lung or organ damage
07.	Dysbaric osteonecrosis
08.	Cramp of the hand or forearm due to repetitive movements
09.	Subcutaneous cellulitis of the hand
10.	Bursitis or subcutaneous cellulitis at or about the knee
11.	Bursitis or subcutaneous cellulitis at or about the elbow
12.	Traumatic inflammation of the tendons of the hand or forearm
13.	Carpal tunnel syndrome
14.	Hand-arm vibration syndrome
15.	Anthrax
16.	Brucellosis
17.	Chlamydiosis (avian and ovine)
18.	Hepatitis
19.	Legionellosis
20.	Leptospirosis
21.	Lyme disease
22.	Q fever
23.	Rabies
24.	Streptococcus suis
25.	Tetanus
26.	Tuberculosis
27.	Infection attributable to specified work (Work with Microorganisms; work with live or dead human beings involving exposure to blood or body fluids; work with animals or any potentially infected material derived from any of the above)
28.	Poisoning (By any of the following: acrylamide monomer, arsenic, benzene or a homologue of benzene, beryllium, cadmium, carbon disulphide, diethylene dioxide (dioxan), ethylene oxide, lead, manganese, mercury, methyl bromide, nitrochlorobenzene, oxides of nitrogen or phosphorus)
29.	Cancer Of A Bronchus Or Lung
30.	Primary carcinoma of the lung where there is accompanying evidence of silicosis
31.	Bladder cancer
32.	Cancer of the urinary tract
33.	Angiosarcoma of the liver
34.	Peripheral neuropathy
35.	Chrome ulceration (nose, throat, the skin of the hands or forearm)
36.	Folliculitis from work involving exposure to mineral, oil, tar, pitch or arsenic
37.	Acne from work involving exposure to mineral, oil, tar, pitch or arsenic
38.	Skin cancer from work involving exposure to mineral, oil, tar, pitch or arsenic
39.	Pneumoconiosis (excluding asbestosis)
40.	Byssinosis
41.	Mesothelioma
42.	Lung cancer
43.	Asbestosis
44.	Cancer of the nasal cavity or associated air sinuses
45.	Occupational dermatitis
46.	Extrinsic alveolitis (including farmers lung)
47.	Occupational asthma

HSENI Form: NI2508RA

Health and Safety at Work (Northern Ireland) Order 1978
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997
Form A



Report of an accident not at a level crossing

Filling in this form.

Use one form to report a train accident involving a number of casualties. Please attach a list of additional casualties to this form in an email or by post, giving all the details asked for in Part C.

Part A

About you

1. What is your Title / First name / Surname?

--	--	--
2. What is your job title?

--
3. What is your telephone number?

--
4. What is your E-mail address?

--

About your organisation

5. What is the name of your organisation?

--
6. What is its full address and postcode?

Property	
Street	
Locality	
Town	
County	
Postcode	
7. What is the organisation's business? (please select)

<input type="checkbox"/> Railway Operator	<input type="checkbox"/> Contractor
<input type="checkbox"/> Minor railway	<input type="checkbox"/> Other - please specify

--

8. Your reference

--

Part B

About the accident

1. On what date did the accident happen? (Please use format: dd/mm/yyyy)

--
2. At what time did the accident happen?
(Please use the 24-hour clock e.g. 06:00)

--
3. Where did the accident happen? (Use the final page, if necessary)

--

4. What was the line category?

--

5. Describe any other obstruction caused by the accident.

--

For further guidance on dangerous occurrences which are reportable in relation to railways, please see:
<http://www.legislation.gov.uk/nisr/2004/196/regulation/2/made>

Part C

About the injured person

1. What is their Title / First name / Surname?

--	--	--
2. What is their full address and postcode?

Property	
Street	
Locality	
Town	
County	
Postcode	
3. How old are they?

--
4. Are they:

<input type="checkbox"/> Male	<input type="checkbox"/> Female
-------------------------------	---------------------------------
5. Are they:

<input type="checkbox"/> an employee of your organisation? If yes, please enter their job title below in the other - please specify box.	
<input type="checkbox"/> contractor?	<input type="checkbox"/> person on business?
<input type="checkbox"/> passenger?	<input type="checkbox"/> trespasser?
<input type="checkbox"/> person on property?	<input type="checkbox"/> other - please specify below

--

Where to send this form to: Health and Safety Executive for Northern Ireland, 83 Ladas Drive, Belfast, BT6 9FR. Email: online@hseni.gov.uk

Continued overleaf

Part D

About the injury

- What was the injury?
- What part of the body was injured?
- Was the injury (tick one option only)

<input type="checkbox"/> a fatality?	<input type="checkbox"/> a major injury or condition? (see guidance notes)
<input type="checkbox"/> an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?	
<input type="checkbox"/> an injury to the public which meant that they had to be taken from the scene of the accident to a hospital for treatment?	

Part E

About the kind of accident

Please tick the box that describes the crossing

Train Accident

- ☐ Collision
☐ Derailment
☐ Running into obstruction
☐ Fire
☐ Other

Failure

- ☐ Rolling stock
☐ Permanent way etc.

Accidents to passengers involving trains

- ☐ Getting on or off trains
☐ Opening or closing carriage doors
☐ Falling out of carriages while train is moving
☐ Falling off a platform and being struck or run over by a train
☐ Crossing the lines at stations
☐ Other

Other accidents to passengers

- ☐ Using stairs and escalators at stations
☐ Falling off a platform onto the line
☐ Slipping, tripping or falling on the same level
☐ Being struck by barrows, falling over packages etc
☐ Electric shock on electrified railways
☐ Other

Accidents to railway employees and contractors involving moving trains

- | | |
|--|---|
| <input type="checkbox"/> Shunting accident | <input type="checkbox"/> Accident to staff working on or near the track |
| <input type="checkbox"/> Accident during the running of trains | <input type="checkbox"/> Other |

Other accidents to railway employees and contractors

- ☐ Contact with moving machinery or material being machined
☐ Struck by a moving object (including flying or falling objects) but not rails
☐ Struck by a moving vehicle but not a rail vehicle
☐ Struck against something fixed or stationary
☐ Injured while handling, lifting or carrying things other than rails
☐ Slip, trip or fall on same level
☐ Trapped by something collapsing or overturning
☐ Drowning, suffocation or asphyxiation
☐ Exposure to or contact with harmful or hot substance or object
☐ Exposure to fire
☐ Exposure to an explosion
☐ Contact with electricity or electrical discharge
☐ Any injury by an animal
☐ Other kind of accident
☐ Physical assault or violence
☐ High fall over 2 metres
☐ Low fall up to and including 2 metres
☐ Height of all not known
☐ Kind of accident not known

Part F

About the train(s) involved in the incident

- What is the reporting number?
- At what is the time of origin?
(Please use the 24-hour clock e.g. 06:00)
- What is the place of origin?
- What was the place of destination?
- What speed was the train travelling at (mph)?
- What type of train was it? (Give the locomotive and unit details where possible)

Part G

Delays to service

1. What lines were affected?

2. For how long were services delayed?
(24 hour clock e.g. 06.30)

From: To:

Part H

Describing the accident

Please use the following space below to describe the accident. Give as much details as you can.

Part H (continued)

Please use the following space below to describe the accident. Give as much details as you can.

Part G

Your signature

Signature

Date (Please use format: dd/mm/yyyy)

HSENI Form: NI2508RB

Health and Safety at Work (Northern Ireland) Order 1978
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997
Form B



Report of an accident at a level crossing

Filling in this form.

Use one form to report a train accident involving a number of casualties. Please attach a list of additional casualties to this form in an email or by post, giving all the details asked for in Part C.

Part A

About you

1. What is your Title / First name / Surname?

--	--	--

2. What is your job title?

--

3. What is your telephone number?

--

4. What is your E-mail address?

--

About your organisation

5. What is the name of your organisation?

--

6. What is its full address and postcode?

Property	
Street	
Locality	
Town	
County	
Postcode	

7. What is the organisation's business? (please select)

<input type="checkbox"/> Railway Operator	<input type="checkbox"/> Contractor
<input type="checkbox"/> Minor railway	<input type="checkbox"/> Other - please specify

--

8. Your reference

--

Part B

About the accident

1. On what date did the accident happen? (Please use format: dd/mm/yyyy)

--

2. At what time did the accident happen?
(Please use the 24-hour clock e.g. 06:00)

--

3. Where did the accident happen? (Use the final page, if necessary)

--

4. What is the Grid Reference?

--

5. Give the number of the dangerous occurrence you are reporting.

--

For further guidance on dangerous occurrences which are reportable in relation to railways, please see:
<http://www.legislation.gov.uk/nisr/2004/196/regulation/2/made>

Part C

About the injured person

1. What is their Title / First name / Surname?

--	--	--

2. What is their full address and postcode?

Property	
Street	
Locality	
Town	
County	
Postcode	

3. How old are they?

--

4. Are they:

<input type="checkbox"/> Male	<input type="checkbox"/> Female
-------------------------------	---------------------------------

5. Are they:

<input type="checkbox"/> an employee of your organisation? If yes, please enter their job title below in the other - please specify box.
--

<input type="checkbox"/> contractor?	<input type="checkbox"/> person on business?
--------------------------------------	--

<input type="checkbox"/> passenger?	<input type="checkbox"/> trespasser?
-------------------------------------	--------------------------------------

<input type="checkbox"/> person on property?	<input type="checkbox"/> other - please specify below
--	---

--

Where to send this form to: Health and Safety Executive for Northern Ireland, 83 Ladas Drive, Belfast, BT6 9FR. Email: online@hseni.gov.uk
Continued overleaf

Part C (continued)

About the injury

1. What was the injury?
2. What part of the body was injured?
3. Was the injury (tick one option only)
 - ☐ a fatality? ☐ a major injury or condition? (see guidance notes)
 - ☐ an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
 - ☐ an injury to the public which meant that they had to be taken from the scene of the accident to a hospital for treatment?

Part D

About the level crossing

Please tick the box that describes the crossing

1. Protected level crossing

- ☐ Manned gates (MG)
- ☐ Manually controlled barriers (MCB)
- ☐ Manually controlled barriers monitored by closed circuit TV (CCTV)
- ☐ Automatic half-barriers (AHB)
- ☐ Automatic open crossing - remotely controlled (AOCR)
- ☐ Automatic open crossing - locally monitored (AOCL)
- ☐ Automatic barrier crossing - locally monitored (ABCL)
- ☐ User-worked crossing with miniature warning lights
- ☐ Trainman operated gates or barriers (TMO)

Unprotected level crossing

- ☐ User-worked gates (JWG)
- ☐ User-worked gates with telephones (JWGT)
- ☐ Open crossing (OC)
- ☐ Footpath crossing (FC)

2. Was the level crossing?

- ☐ Public
- ☐ Occupation
- ☐ Accommodation

3. How many railway tracks run over the crossing?

4. What is the permitted speed for trains over the crossing?

5. Were any pre-existing faults found with the crossing control or operating equipment after the accident?

- ☐ Yes - please give full details in part F
- ☐ No

6. Is there a supervising signal box?

- ☐ Yes - what is it's name?

- ☐ No - is the crossing

- ☐ Operated by the train crew?

- ☐ User-worked?

7. Is the crossing user-worked?

- ☐ No.
- ☐ Yes - How is warning of trains given?

8. What is the Sighting Distance? (all crossings)

From an up train (m):

From a down train (m):

Unprotected crossings

2 metres from nearest rail

What is the Sighting Distance? (unprotected crossings)

On the up train side:

On the down train side:

9. What is the normal position of gates or barriers?

10. Are the gates or barriers interlocked with protecting signals?

- ☐ Yes. ☐ No.

Are there wicket gates?

- ☐ Yes. ☐ No.

Are the wicket gates lockable?

- ☐ Yes. ☐ No.

Were they locked at the time of the accident?

- ☐ Yes. ☐ No.

Part E

About the train(s) involved in the accident

1. What is the reporting number?

2. What were the time and place of origin?

3. What was the place of destination?

4. What speed was the train travelling at?

5. What type of train was it? (Give the locomotive and unit details where possible)

3. What was the line category?

Part F

Describing the accident

Please use the following space below to describe the accident. Give as much details as you can.

Part F (continued)

Please use the following space below to describe the accident. Give as much details as you can.

Part G

Your signature

Signature

Date (Please use format: dd/mm/yyyy)

Report of flammable gas incidents

Explanatory notes

1. This form should be used to report to HSENI incidents that have arisen from the use of either natural gas or liquefied petroleum gas (LPG) and have caused fatal or major injuries* to gas consumers either through the acute symptoms of carbon monoxide poisoning or the effects of fires or explosions after gas escapes have occurred.
* Major injuries include any that have led to unconsciousness, or the need for hospitalisation for more than 24 hours.
2. Form NI2508G2 should be used to report gas appliances or installations that are regarded to be dangerous after examination or test, but have not actually led to deaths or major injuries.
3. Form NI2508 should be used to report any deaths or major injuries arising from the use of gas involving persons whilst at work

Part A

About you and your organisation

1. What is your full name?

2. What is your job title?

3. What is the name of your organisation?

4. How can we contact you if we need more information about the incident?

Your telephone/fax number

Part B

About the incident

1. What was the main cause of the incident?

- ☐ exposure (to carbon monoxide)?
☐ other exposure (eg to unburnt gas)?
☐ fire or explosion?

2. Where did the incident happen?
Address and post code

3. Did the incident happen in a building?

- ☐ no
☐ yes - what type of building?
☐ house
☐ flats (four storeys or less)
☐ flats (more than four storeys)
☐ bungalow
☐ maisonette
☐ other

What type of room?

- ☐ kitchen
☐ bathroom
☐ bedroom
☐ lounge
☐ dining room
☐ other room

4. When did the incident happen?

5. What is the name of the person living in the premises? (if they cannot be contacted, please give the name address and telephone number of a relative or friend who can)

6. Were the premises rented?

☐ yes ☐ no

If so, what is the name, address and telephone number of the landlord or their managing agent?

7. How many people died?

How many suffered major injuries?

8. Please give details of the people who died or suffered major injuries.

Part C

Summary of incident

Please give a summary of the incident. If possible include any known details of police involvement, hospitals to which affected persons have been sent, and the gas supplier for the premises.

Part D

Your signature

Signature

Date

Please send it to the Enforcing Authority where the incident occurred. If you do not know the Enforcing Authority, send it to

Health and Safety Executive for Northern Ireland,
(HSENI)83 Ladas Drive, Belfast BT6 9FR
Or fax to: 028 9023 5383 or Email: mail@hse.ni.gov.uk

For official use

Client Ref#

Workplace Ref#

CMS Case Ref#

☐ INV REP ☐ Y ☐ N

N12508G1 (rev 02)

Report of a dangerous gas fitting

Explanatory notes.

1. This form should be used to report to HSENI gas appliances and installations using either natural gas or liquefied petroleum gas (LPG) that have been examined or tested and regarded to be dangerous*, but have not actually caused any injuries.
* To be regarded as "dangerous" there must be a serious fault in either the design or construction of the gas fitting (including any fueling or ventilation provided for appliances), or in the way the initial installation was carried out or later serviced or modified. The fault must be so serious that people are likely to suffer death, or major injury from the acute effects of carbon monoxide poisoning or the effects of fires or explosions following gas escapes.
2. Form NI2508G1 should be used to report actual incidents that have led to death or major injuries to gas consumers from the use of faulty installations.
3. Form NI2508 should be used to report any deaths or major injuries arising from the use of gas that involve persons whilst at work.

Part A

About you and your organisation?

1. What is your Title / First name / Surname?

2. What is your telephone number?

3. What is your job title?

4. What is the name of your organisation?

5. What is its full address and postcode?

Property	<input type="text"/>
Street	<input type="text"/>
Locality	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>

6. What is your E-mail address?

Part B

Some general details

1. When was the dangerous gas fitting found?

Date:	<input type="text"/>	Time:	<input type="text"/>
<small>(Please use format: dd/mm/yyyy)</small>		<small>(24 hour clock e.g. 06:30)</small>	

2. What was the address and postcode at which it was found?

Property	<input type="text"/>
Street	<input type="text"/>
Locality	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>

3. Are the premises rented?

☐ No ☐ Yes - details not known

☐ Yes, please enter the details of the landlord/
managing agents

Name	<input type="text"/>
Property	<input type="text"/>
Street	<input type="text"/>
Locality	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>

4. Was the landlord (or the managing agent for the premises) notified about the faults?

☐ No ☐ Yes

5. Did the incident happen in a building?

☐ No ☐ Yes - what type of building

<input type="checkbox"/> House	<input type="checkbox"/> Flats (4 storey or less)
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Flats (more than 4 storey)
<input type="checkbox"/> Maisonette	<input type="checkbox"/> Other

6. What type of room?

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Lounge
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Dining Room
<input type="checkbox"/> Bedroom	<input type="checkbox"/> Other

7. Was the fault repaired at the time?

☐ No ☐ Yes

8. If not, was the situation made safe by disconnection, or contact with providers emergency centre for them to disconnect?

☐ No ☐ Yes

Report of a dangerous gas fitting

Part C

About the person

1. What was the name of the person living in the premises?
(If they cannot be contacted, give the name address and telephone number of a relative or friend)

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Property	<input type="text"/>	
Street	<input type="text"/>	
Locality	<input type="text"/>	
Town	<input type="text"/>	
County	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone number	<input type="text"/>	

Part D

About the dangerous gas fitting

1. What was the main fault?
- | | |
|--|---|
| <input type="checkbox"/> Gas leak | <input type="checkbox"/> Inadequate ventilation |
| <input type="checkbox"/> Inadequate flue | <input type="checkbox"/> Other |
2. What type of appliance was involved?
- | | |
|---|--|
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Non-decorative fire |
| <input type="checkbox"/> Instant water heater | <input type="checkbox"/> Convecter |
| <input type="checkbox"/> Combined fire and boiler | <input type="checkbox"/> Cooking appliance |
| <input type="checkbox"/> Warm air unit | <input type="checkbox"/> Gas fitting/pipe work |
| <input type="checkbox"/> Decorative fire | <input type="checkbox"/> Other |
3. What type of gas was involved?
- | | |
|--|----------------------------------|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> LPG/Air |
| <input type="checkbox"/> Liquefied petroleum gas (LPG) | <input type="checkbox"/> Other |
4. Was the appliance?
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Flueless | <input type="checkbox"/> Other (e.g. closed fire) |
| <input type="checkbox"/> Open-flued | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Room-sealed | |
5. Was the appliance bought second hand (if known)?
- | | |
|-------------------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Don't Know | |

Summary of the dangerous gas fitting

Please say how dangerous you consider it to be, and why, and what action you have taken to make things safe, e.g. by repairing faults at the time, disconnecting the gas supply, or advising occupiers (or the landlord or managing agent for the property) of the faults you are reporting. Continue on the next page, if required. accident. Give as much details as you can.

Report of a dangerous gas fitting

Part E

About the servicing and installation of the appliance/gas fitting

1. Do you know who last serviced the appliance?

☐ No ☐ Yes

2. Date:
(Please use format: dd/mm/yyyy)

3. Company:

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Property <input type="text"/>		
Street <input type="text"/>		
Locality <input type="text"/>		
Town <input type="text"/>		
County <input type="text"/>		
Postcode <input type="text"/>		
Telephone number <input type="text"/>		

4. Do you know who installed the appliance/gas fitting?

☐ No ☐ Yes

5. Date:
(Please use format: dd/mm/yyyy)

6. Company:

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Property <input type="text"/>		
Street <input type="text"/>		
Locality <input type="text"/>		
Town <input type="text"/>		
County <input type="text"/>		
Postcode <input type="text"/>		
Telephone number <input type="text"/>		

Part F

Your signature

Signature

Date

(Please use format: dd/mm/yyyy)

For Official Use
Client Ref No.

Workplace
Ref No.

Case Ref No.

Summary of the dangerous gas fitting (continue if necessary)

Please note: this e-mail address will be used to acknowledge your form and for you to receive a copy.
Please send this form to the Enforcing Authority where the incident occurred.
If you do not know the Enforcing Authority, send it to:
Health and Safety Executive for Northern Ireland (HSNI)
83 Ladas Drive, Belfast. BT6 9FR
Or fax it to: 028 9023 5383 Or E-mail: online@hseni.gov.uk



NOTES





NOTES



Health and Safety Executive
for Northern Ireland
83 Ladas Drive
BELFAST BT6 9FR

Helpline: 0800 0320 121
Tel: (028) 9024 3249

Email: mail@hseni.gov.uk
Website: www.hseni.gov.uk

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