

## Report of an injury or dangerous occurrence

### 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 email 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 accident happen?

(Please use format: dd/mm/yyyy)

2. At what time did the accident happen?

(Please use 24-hour clock e.g. 07:30)

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 full address and postcode?

Property

Street

Locality

Town

County

Postcode

3. Telephone

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

(Enter the number of the Injury Type and Site you are reporting. The numbers are in the notes which accompany this form on pages 4-5.)

1. What was the injury?

2. What part of the body was injured? (see notes on pages 4-5)

### 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?

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 on page 6).

## 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.gov.uk](mailto:online@hse.gov.uk)

For official use

Client Ref #

Workplace Ref #

CMS Case Ref #

☐

IVP REP

☐

Y

☐

N

Please continue on this page if necessary

## 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

No.	Description
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 - 1 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 U/LIMB - Several locations of upper limb.
22	TOE - 1 or more toes
23	FOOT - Foot including heel.
24	ANKLE - Ankle
25	LOWER LIMB - Lower limb including calf, knee thigh, and hip.
26	SEVERAL L / LIMB - Several locations of lower limb.
27	SEVERAL LOCS - Several locations where more than 1 part of the body is affected.
28	GENERAL LOCS - General locations where the body system is affected e.g. drowning & asphyxia
29	UNSPECIFIED LOCS - Part(s) of the body affected not known

## Guidance on Dangerous Occurrence:

Please use one of the following Dangerous Occurrences for Part F

No.	Description
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