

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 address and post code

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

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.

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 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@hseNI.gov.uk

For official use

Client Ref#

Workplace Ref#

CMS Case Ref#

INV REP Y N

Please continue on this page if necessary