

ACCIDENT/VIOLENT INCIDENT/FIRE ALERT REPORTING FORM -HS1(a)

March 2022

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Your personal data will be processed in accordance with the Council's privacy notice for employees which is available at: <https://www.eastdunbarton.gov.uk/council/privacy-notices>.

For further information or help completing this form, telephone 0141 777 3210 or email Health.Safety@eastdunbarton.gov.uk

Section A

Directorate (select from drop down)

Strategic Group (select from drop down)

Section B - Location of incident

Date of incident

Time of incident

Location

Address (Including post code)

Is this location a Council Property?

Yes

No

Section C - Type of incident

Accident

(incident that caused an injury / harm to persons, damage to plant/ equipment or other type of loss)

Violent incident

(incident in which a person is abused, threatened or assaulted in circumstances relating to their work, include verbal abuse or threats as well as physical attacks)

Fire alert

(any issue related to fire safety of the building or persons in the building / location)

Section D - About the injured person

Nature of injury:

(state part and side of body affected)

Full name

Address (Including post code)

Telephone (home)

Work location

Work address (Including post code)

Continued overleaf

Section D - About the injured person (continued)

Telephone (work)

Occupation

Employee Ref. No.

Age

Gender Male Female Other

Outcome of accident/incident (select from drop down)

Did the person receive First Aid (select from drop down)

Status of injured person (select from drop down)

Employee has given permission to consent for Trades Unions Representative to view personal details Yes No

Section E - About the incident

Location

Description of incident

(Please use an additional continuation sheet/sketch if required and attach)

Choose File

To open the attachment please click on the arrow on the left sidebar of your screen and then the paperclip symbol

Section F - For violence incidents only

Description of Aggressive Behaviour Experiences

Other (please specify)

Witness name(s)

Contact number

If the assailant is a child (3-18 years of age) write CHILD and the class/stage they are in e.g. P3 or S1 - The full name will be logged at establishment (SEEMIS)

Assailant's Name and Address if known

Is assailant(s) known to have been involved in previous incidents? Yes No

If yes, please specify how many?

Were de-escalation techniques used? Yes No

Was restraint and seclusion used? Yes No

Was police and outside assistance sought? Yes No

Reported to

Designation



Section G - About you, the person completing this record

The person completing this record is also the Department manager - Go to Section H

The person completing this record is the injured person - Go to Section H

Full name

Home address (Including post code)

Occupation

Work location

Contact number

Section H - Department Manager

Full name

Designation

Date reported

Work base

Work address (Including post code)

Contact number

ACTION(S) TAKEN TO PREVENT A RECURRENCE: This section **MUST** be completed by Direct Line Management. Please Note: Management are responsible for investigation, identifying root cause and implementing adequate control measures to prevent a re-occurrence of accident/incident.

Person(s) responsible for the action

Proposed timescale

Need for a Risk Assessment review (tick if appropriate)

Has a debriefing/support meeting taken place with employee involved? Yes No

Have you met with:

The Employee(s) affected? Yes No

Other Parties involved? Yes No

Actions to follow for VIOLENT INCIDENT only: (Please select from dropdown menu to confirm as actions are compulsory)

Other (please specify)
e.g. create pupil management plan

Section I - Supporting information provided (if relevant)

Risk Assessment/Method Statement

Witness Statements

Photographs

Training Certification

Service/Site/Property Induction

Site/Property layout plan

Plant/equipment certification

Other (please specify)

Please forward this form to the Health and Safety team: Health.Safety@eastdunbarton.gov.uk

For Health & Safety Team use only

Full list of RIDDOR reportable injuries/diseases is available on THE HUB/IBM CONNECTIONS If classified as "Reportable", incident must be reported to HSE within 15 Days of occurrence. Please forward form to Health & Safety Team immediately upon completion but no later than 10 days after the date of the accident. Line Management are required to contact the H&S Team on the 8th day of absence for all work related injuries.

Is this incident reportable under RIDDOR (check boxes as appropriate): Yes No

Number of days absence from the day following the incident

Reason

Date Incident RIDDOR reported to HSE

Information only

Log into iTrent

H&S Team Investigation

Root Cause Determined

Industrial Injury? Yes No

Accident/ incident category

Comments