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| **SECTION 1: Incident Details (✔) MANDATORY (Must be completed by Involved Employee/Person where possible)** |
| [ ]  **Injury** [ ]  **Near Miss** [ ]  **Fatality** (Please select one of the 3 incident categories that best reflects the incident being reported)  |
| **Note Dangerous Occurrences (General) includes:** incidents involving, lifting equipment, pressure systems, overhead electric lines, electrical incidents causing explosion or fire, explosions, biological agents, collapse of scaffolding and other types not directly aligned to Stirling Council work practices. ***Source Extract-HSE. Any reporting of a dangerous occurrence will be determined by H&S Team via the detail contained in this completed form.***  |
|  Name and Address of Premise/Site/ Location/School etc. | Date of Incident |  |
|  | Time of Incident |  |
| Premise/Location |  |
|  | Main Service Area |  |
| Department |  |
| Nature of activity being undertaken at time of incident: |  |
| **Brief Description and Type of Incident: *What led up to the incident? Environmental Conditions (if appropriate)? Summarise what happened during the incident, further details must be recorded in Section 3?*** |
|  |
| **Immediate Cause**: ***Please tick most relevant box* *highlighting probable Immediate Cause. Section 3 must be populated with additional/supporting incident information.***[ ]  Vehicle Accident [ ]  Hit by moving object [ ]  Breakage, bursting or collapse of material [ ]  Walking on a sharp object [ ]  Kneeling, sitting or leaning on an object [ ]  Lifting, carrying, standing up, twisting or turning[ ]  Slip/Trip/Fall [ ]  Pushing and/or Pulling [ ]  Electrical problem, explosion or fire [ ]  Loss of control of machinery, transport or equipment[ ]  Release of liquid, solid, dust or gaseous product [ ]  Virus[ ]  Shock/Fright/Violence/Aggression [ ]  Verbal abuse[ ]  Prejudice based incident / hate crime [ ]  Physical intervention used[ ]  Weapon incident [ ]  Bullying[ ]  Physical assault [ ]  Other (if not stated): |
| **Plant / Equipment Involved (Enter NA where Not Applicable)** |
| Damage: |  |
| ID/Serial Number: |  |
| **Harmful Substance Involved - CoSHH** |
| If known please state:  |
| **Weapon Involved** (*Tick all that apply)* |
| Weapon:Carried[ ]  Used[ ]  Found[ ]  N/A[ ]  |
| Child Protection referral completed(if child under 16 was involved) Yes [ ]  No [ ]  N/A[ ]  |
| **Bullying Involved** (Tick all that apply) |
| Written [ ]  Electronic [ ]  Social [ ]  Verbal [ ]  Physical [ ]  Sexual [ ] Property Damage [ ]  Graffiti [ ]  Mental [ ]  Incitement [ ]  N/A[ ]   |
| **Prejudiced Based motivated by any one of the following?** (Tick all that apply) |
| Race [ ]  Gender [ ]  Socio-Economic Discrimination [ ]  Pregnancy/ Maternity [ ]  Disability [ ]  Sexual Orientation [ ]  Religion / Belief [ ]  Transgender Status [ ]  Age [ ]  N/A[ ]  |
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| **Physical Intervention:** (Education Use Only) |
| **Reason for Intervention:** | Immediate danger of injury to self [ ]  | Immediate injury to another person[ ]  | Approximate time of physical intervention:  |
| **MAPA Disengagement Technique used:** (Education Use Only)  **Yes** [ ]  **No** [ ]  |
| Low Level Disengagement |[ ]  Medium Level Disengagement |[ ]
| Strike from other |[ ]  Strike from other |[ ]
| Hold from other |[ ]  Hold from other |[ ]
| **MAPA Holding Technique used:** (Education Use Only) **Yes** [ ]  **No** [ ]  |
| Child low level restriction |[ ]  Child medium level restriction |[ ]
| Seated low level restriction |[ ]  Seated medium level restriction |[ ]
| Standing low level restriction |[ ]  Standing medium level restriction |[ ]

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| **SECTION 2: Involved Employee/Person Details MANDATORY (Must be completed by Involved Employee/Person where possible)** |
| Name and Home Address:  | Employee [ ] Contractor [ ]  Training Scheme Participant [ ]  Member of the Public [ ]  Person Receiving Care [ ]  Pupil/Young Person [ ] Care Home Resident [ ]  Agency Worker [ ]  | Employee Number (if applicable): |  |
|  | D.O.B: |  |
| Contact Number: |  |
| Job Title (if applicable): |  |
| Email address (if applicable): |  |
| **Injury Severity Detail (where applicable)** | *Council Employees Only-Incident resulted in:*[ ]  No absence from work [ ]  Absence under 3 days [ ]  Absence 3-7 days [ ]  Absence over 7 consecutive days **Please select the appropriate box.** |
| Was First Aid given at scene? | [ ]  Yes [ ]  No   |
| First Aider Name? |  |
| Was an Ambulance called?  | [ ]  Yes [ ]  No |
| Did the injured party attend Hospital? | [ ]  Yes [ ]  No |
| If Yes, which Hospital did they attend? |  |
| Was the injured person detained in hospital over 24 hours? | [ ]  Yes [ ]  No   |
| **If Injured or ill - Nature of Injury/Illness:** | **Part(s) of the body affected:** |
|  |  |
| **Witness(es) Names and Contact Details:**  | **Job Title(s)** |
|  |  |
| **Root Cause of Incident:** (Please tick all that apply) |
| **People: Equipment: System:**[ ]  Did not follow instruction/procedure [ ]  Defective [ ]  Poor Housekeeping [ ]  Drug (prescribed-non prescribed) or Alcohol use [ ]  Malfunction [ ]  Training need not identified[ ]  Misjudgement [ ]  Insufficient guarding [ ]  Exposure to Fire/Explosion[ ]  User error [ ]  Vandalism/Sabotage [ ]  Exposure to Harmful Substance[ ]  Encroachment of Public into work area [ ]  Installed incorrectly [ ]  Incomplete procedure/process[ ]  Violence/Aggression [ ]  Inadequate lighting **Other:**[ ]  Improper use of tool/plant/equip/material [ ]  Inadequate ventilation [ ]  Animal/Biological causes[ ]  Unauthorised use of tool/plant/equip/material  [ ]  Environment conditions[ ]  Not trained or aware [ ]  Natural Causes [ ]  Short Cut from Proper Procedure/Process [ ]  Virus [ ]  Pre-existing or new medical condition [ ]  (If not stated)  |
| **Involved Employee/Person completing Applicable Sections within Sections 1 and 2 where able to complete.** |
| Print Name:  |  | Date:  |  |

**NOTE to Employee and Line Manager**

**If the service investigation cannot be completed within the prescribed time scales do not delay sending this initial incident form so HSE RIDDOR Reporting by H&S Team is not delayed where applicable.**

**Send the incident report to the H&S Team** **hs\_incidents@stirling.gov.uk** **any further investigation can follow if one is required. Ensure you inform the H&S Team.**

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| **SECTION 3: Investigation-To be completed by Line Manager – (MANDATORY – SECTION MUST BE COMPLETED)** |
| **Action Taken following Incident** (Tick all that apply-list is not exhaustive) |
| [ ] Police Involvement [ ] Fire & Rescue Service Involvement [ ] Training Undertaken[ ] Public Utility Supplier Contacted [ ] Ambulance Involvement [ ] Parent/Carer/Relative Informed[ ] Updated Risk Assessment/SWM/PPE [ ] Processes/ProceduresRevised [ ] Restorative Meeting [ ] Equipment Quarantined/Removed [ ] Sanctions/Consequences [ ] Debrief for Those Involved [ ] Equipment/Material Purchased [ ]  Updated Child/Young Persons Care Plan [ ]  Occupational Health Support [ ] Equipment Repaired /Replaced [ ]  Individual support [ ]  Other (Please detail below)  |
| **Description/Detail of Corrective & Preventive Action(s) (MANDATORY SECTION – MUST BE FULLY COMPLETED)** |
| * **What immediate action(s) was/were taken at the time of the incident? (Corrective):**

**……………………………………………………………………………………………………………………………………………………………………………………..*** **What action(s) has/have been taken by the service since the incident to reduce the chance of this incident happening again? (Preventive):**
 |
| **Line Manager details verifying submitted details.** |
| Signature:(Written or electronic signature) |   | Job Title: |  |
| Print Name: |  | Date of Submission to H&S Incident Mailbox: |  |
|  |
| **Form completed by Line Manager on behalf of Involved Employee/Person in their absence?**  | [ ]  **Yes** [ ]  **No****Tick correct box.** |

**INFORMATION for LINE MANAGER:**

* **The Line Manager must complete section 3 as a minimum then sign off to verify that details contained are a true record where the involved employee/person has agreed the detail.**
* **Where the form is fully completed by a Line Manager on behalf of an employee/person because the employee/person involved is unavailable and cannot complete the form, the detail provided in their absence must be discussed by Line Manager with the involved employee/person at the earliest opportunity thereafter and the details agreed/explained.**
* **H&S Team must be informed by Line Manager of any changes in submitted incident forms where required.**