|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:hs_incidents@stirling.gov.uk) **any further investigation can follow if one is required. Ensure you inform the H&S Team.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**