EPPING SCAFFOLDING SERVICES LTD.

Report No. S1/

INCIDENT REPORT AND INVESTIGATION SUMMARY

SECTION A: Completion by - first aider / appointed person / Supervisor

SITE/LOCATION:

Type of incident (including work related ill health)

Fatal	Major Injury	Over 7 day	Over 1 shift	Work related ill Health	No Absence	Dangerous Occurrence	Near Miss	Property Damage
☐	☐	☐	☐	☐	☐	☐	☐	☐

(Complete sections below as relevant)

Details of injured / ill health Person

Name ☐ (If person is not an employee please supply address or employers address)

M/F ☐ Age ☐ Payroll No. ☐

Status of Person ☐ Employee ☐ Contractor ☐ Trainee ☐ Public/Visitor

Details of Accident / ill Health / Dangerous Occurrence / Near Miss

☐ Date and Time of Incident ☐ Date and Time Reported ☐ Date and Time Ceased Work

☐ Normal Occupation ☐ Occupation at Time of Incident ☐ Location of Incident ☐ Experience in job

Details of injury/ ill health/ near miss ☐

Treatment: None ☐ First-aid ☐ Sent Home ☐ Doctor ☐ Hospital Outpatient ☐ Inpatient ☐

Signed:_____ **Print:**_____ **Date:** _____

SECTION B: Completion by investigator (Normally Supervisor/ Director) Continue on another sheet if necessary

Describe Incident

(Include *What controls were in place at the time (e.g. safe systems of work, training, physical safeguards, PPE etc.)
*Causes of the accident / ill health (e.g. untrained person, no safe system of work, or it was not followed, lack of maintenance etc.)
*Witnesses.

Action taken / Recommended to prevent recurrence (if to be taken, indicate proposed timescale)

Signed: _____ **Print:** _____ **Date:** _____

Reviewed by Manager (please insert any additional / different preventative action)

Signed: _____ **Print:** _____ **Date:** _____

Please send copies to:

Directors Safety Adviser Principal Contractor (Where Appropriate) Client