

Report of an injury or dangerous occurrence

Part A

About you

1. What is your full name?

Derek Jackson

2. What is your job title?

Safety Coordinator

3. What is your telephone number?

01234 567890

About your organisation

4. What is the name of your organisation?

Health and Safety Demonstrations Ltd

5. What is its address and postcode?

Nottingham Business Park

Nottingham

Notts

UK

NG2 4LA

6. What type of work does the organisation do?

Demonstration Site

Part B

About the incident

1. On what date did the incident happen?

25-02-2001

2. At what time did the incident happen?

(Please use the 24-hour clock eg 0600)

12:03:00

3. Did the incident happen at the above address?

Yes – Go to question 4

No – Where did the incident happen?

elsewhere in your organisation – give the name, address and postcode

at someone else's premises – give the name, address and postcode

in a public place – give details of where it happened

Daver Steels, the forge, love street, sheffield, s1 1dj

If you do not know the postcode, what is the name of the local authority?

4. In which department, or where on the premises, did the incident happen?

Main Acid Bay

Part C

About the injured person

If you are reporting a dangerous occurrence, go to Part F.

If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1. What is their full name?

Dylan Arnold Dyson

2. What is their home address and postcode?

1 Rockingham Street

Leeds

LS3 4RT

3. What is their home phone number?

+44 113 9736453

4. How old are they?

24

5. Are they:

male?

female?

6. What is their job title?

Machine Operator and Galvaniser

7. Was the injured person (place x in one box)

one of your employees?

on a training scheme? Give details:

on work experience?

employed by someone else? Give details of the employer:

self-employed and at work?

a member of the public?

Part D

About the injury

1. What was the injury?

(eg fracture, laceration)

Acid burns to face

2. What part of the body was injured?

3. Was the injury (place x in one box that applies)

a fatality

a major injury or condition?

(see accompanying notes)

an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?

an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4. Did the injured person (place x in all the boxes that apply)

become unconscious?

need resuscitation?

remain in hospital for more than 24 hours?

none of the above?

Part E

About the kind of accident

Please place an x in one box that best describes what happened, then go to part G

- Contact with moving machinery or material being machined
- Hit by a moving, flying or falling object
- Hit by a moving vehicle
- Hit something fixed or stationary

- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height

How high was the fall in metres?

- Trapped by something collapsing

- Drowned or asphyxiated
- Exposed to, or in contact with, a harmful substance
- Exposed to fire
- Exposed to an explosion

- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by a person

- Another kind of accident(describe it in Part G)

Part F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form)

0011 : COLLAPSE SCAFF

Part G

Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

A large vat of sulphuric acid was dropped, The splashes caught several people in the face.

Part H

Your signature

Date

10th April 2002

Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.

For official use	
Client number _____	Location number _____
Event number _____	___INV REP__Y__N