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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personnel Only Ref No:  Input Date: Initials: | | | | | **The Moray Council**  **Internal Incident Report Form**  *NB: this form is for injuries, dangerous occurrences that could have led to injury, and occupational illnesses. Incidents involving violence and aggression should be reported on the separate form provided for this.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **When did the Incident occur?** | | | | | | | | | | | | | Date | |  | | | | | Time  (24hr clock) | | |  | | |
| **2. Where did it occur, ie, exact location?** | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **3. Who was affected?** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | Forename: | | | |  | | | | | | | Sex: Male Female | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | |  | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| If it was an Employee: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Department: | | |  | | | | | | Section: | | | | |  | | | | | | | | Job Title: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Base Location: | | | |  | | | | | Payroll Number: | | | | | | | |  | | | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| If it was a Non Employee: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Status: Contractor Client/Service User School Pupil Member of the Public | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **4. What sort of incident was it?** | | | | | | | | [RIDDOR reported](http://www.hse.gov.uk/riddor/report.htm)  Yes/No RIDDOR Ref No: .............................. | | | | | | | | | | | | | | | | | | | | | | |
| *(\* = RIDDOR reportable \*\* = potentially RIDDOR reportable)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Death \* [Specified Injury](http://www.hse.gov.uk/riddor/specified-injuries.htm) \* Over 7 day Injury (RIDDOR) \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Minor Injury [Occupational Illness](http://www.hse.gov.uk/riddor/occupational-diseases.htm) \*\* [Dangerous Occurrence](http://www.hse.gov.uk/riddor/dangerous-occurences.htm) \*\* Injury to non-employee \*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **5. How was it caused?** *(Give the principal cause)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Hit by moving/falling/flying object | | | | | | | | | Fall from a height | | | | | | | | | | | | | Attack by an animal | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Contact with moving machinery  or material being machined | | | | | | | | | Trapped by something collapsing/  overturning | | | | | | | | | | | | | Poolside incident/work near  water/other asphyxiation | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Hit by a vehicle | | | | | | | | | Exposed to a harmful substance | | | | | | | | | | | | | Needlestick contact | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| Hitting a fixed or stationary object | | | | | | | | | | Exposed to fire or explosion | | | | | | | | | | | | Defective equipment / building | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Manual handling | | | | | | | | | Exposed to temperature extremes | | | | | | | | | | | | | Inappropriate equipment used | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Slip, trip or fall on the same level | | | | | | | | | Contact with electricity | | | | | | | | | | | | | Other (give details in Section 7) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **6. What was the outcome?** *(Give the most significant outcome if there was more than one)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Death | | | | | | | | | Puncture type injury | | | | | | | | | | | | | Skin disease | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Amputation | | | | | | | | | Back injury | | | | | | | | | | | | | Loss of consciousness | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Fracture/bone break | | | | | | | | | Other strain/sprain | | | | | | | | | | | | | Mental stress | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Serious wound, eg, deep cut | | | | | | | | | Eye injury | | | | | | | | | | | | | Respiratory damage/ill effects | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Minor wound, eg, small cut, graze | | | | | | | | | | | Serious burns/scalding | | | | | | | | | | | No significant injury | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Bruising | | | | | | | | | Minor burns/scalding | | | | | | | | | | | | | Equipment or building damage | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| Other (give details in Section 7) | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Body Part(s) Affected (if any):** *(eg, right eye, left arm, etc)* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Immediate Outcome: | | need > 24  hrs in hospital | | | | | need medical  treatment? | | | | | | | | require first  aid? | | | | | | need to be put  on light duties? | | | | | | resume work  immediately? | | | |
| Personnel Only No of Days Lost: | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| Was time away from work required? | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7. Describe what actually happened:** *(What happened to cause the incident and what injury or damage was the result, if any).* | | | | | |
|  | | | | | |
| *Use a continuation sheet if necessary* | | | | | |
|  | | |  | | |
| **8. What remedial action has since been taken?** *(What have you done or will you do to stop it happening again)* | | | | | |
|  | | | | | |
| *Use a continuation sheet if necessary* | | | | | |
|  | |  | |  | |
|  | | |  | | |
| **To be completed by the line manager:** | | | | | |
|  | |  | |  | |
| Name: |  | | Signature: | |  |
| Job Title: |  | | Date: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| **To be completed by the affected party or witness or the person reporting if the affected party cannot sign:** | | | | | |
|  | |  | |  | |
| Name: |  | | Signature: | |  |
| Job Title: |  | | Date: | |  |

**Copies must be sent to the Section Head and the Health & Safety Section after completion.**

**All relevant parts of this form must be completed. Failure to do this will result in it being sent back via your Section Head.**