

## Accident Investigation Report

REF: Number	Notification of Accident at work
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***In the event of an Accident, please complete the following:***

Site:	Date of Accident:
Department:	

<b>About the person involved in the accident:</b>			
Name:		Address:	
Male:	Female:		
Date of birth:		Home Telephone Number:	
Occupation:		Length of Service:	

<b>Operation:</b>			
Site Name:			
Address:			
Shift Pattern:		Time of Accident: (Please use 24 hr format)	

<b>Location of accident:</b> (if off site please include address)		
Warehouse		Yard
Delivery Point		Office
Pick up point		Other (Please Specify)

<b>Job Description at time of accident:</b>			
FLT driving		Store delivery/Collection	
Unloading		Garment processing	
Loading		Pack/repack	
Order Picking		Other (Please Specify)	

<b>Environmental Conditions:</b>			
Dark Light Poorly Lit Direct Sunlight	Dry Wet Slippery Windy	Hot Warm Humid Cold	Even Floor Uneven Different levels Foggy
Noisy Quiet	Other:		

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<b>Accident Causation:</b>		
Lifting	Pushing	Removal of safety guards
Operation of equipment without authorisation/training	Not wearing PPE	Cutting corners
Faulty equipment	Pulling	Impact injury
Slips	Falls from height	Other (Please specify)
Trips	Falling stock/equipment	
Falls	Equipment failure	
Personal Attack	Horseplay	

<b>Parts of the body Affected:</b>				<b>First Aid</b>			
Abdomen				Was first aid administered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ankle	Left		Right	Name of first aider:			
Arm	Left		Right	Were first aid facilities adequate			
				If not give reason why			
Back							
Chest							
Elbow	Left		Right				
Eye	Left		Right				
Foot	Left		Right				
Face				Did you know the location of the first aider			
Finger(s)	Left H		Right H	Yes		No	
Groin				Did you know the location of the first aid box			
Hand	Left		Right	Yes		No	
Head				Was hospital treatment necessary			
Knee	Left		Right	Yes		No	
Leg	Left		Right	<b>Accident Book</b>			
Neck				Did you know the location of the accident book			
Shoulder				Yes		No	
				Has all the information required been entered into the accident book			
Thumb	Left H		Right H	Yes		No	
Thigh	Left		Right	Has it been signed and dated			
Wrist	Left		Right	Yes		No	

Was the injured person able to return to work after treatment
Did the injured person go home
Did the injured person go to the hospital: if yes please include address of hospital
What date and time did the injured person return to work

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### Personal Protective Equipment (PPE)

Is the wearing of any PPE mandatory for the task	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was PPE available for the injured person	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>What PPE equipment was the injured person wearing at the time of the accident</b>				
Steel toecap boots	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High visibility jacket	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gloves	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eye protection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hard hat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fall and arrest harness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ear protection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others (please specify)				

**I hereby declare that the information recorded in this report is a true and accurate record of the accident/incident.**

Date:

# Accident Investigation Report

[illegible]

**I hereby declare that the information recorded in this report is a true and accurate record of the accident/incident.**

Name:

Signature:

Date:

## Accident Investigation Report

<b>About the person conducting this investigation:</b>		
Investigators Name		
Home Address		
Post Code		
Telephone Number		
Job title		

Company Name		
Works Address		
Post Code		
Department		
Job Title		
Works Telephone contact Number		
Were photographs taken at the scene of the accident	Yes	No
Was the injured person authorised to carry out the task being undertaken		
Were any equipment / device(s) being used at the time of the accident		
If yes, was the equipment / device(s) maintained on a regular basis		
In your opinion, was the equipment / device(s) the cause or a contributory factor of the accident		
If yes, was a pre-shift inspection carried out on the equipment / device(s)		
Please describe the equipment / device(s) being used:		
In your opinion, was the condition of the workplace/working environment a contributory factor to the accident		
If yes, please state why;		
In your opinion, did the injured person contribute to the accident in any way; if yes, please state why;		
In your opinion, did other persons contribute to the accident in any way; if yes, please state why;		

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<b>Induction</b>	Yes	No
Had the injured person received health and safety induction		
Date of Induction:		

<b>Risk Assessment</b>		
Had risk assessment been carried out on the work associated with the accident		
If yes, what is the risk assessment reference number	RA	
Had the risk assessment been shown to the injured person		
Did the injured person sign for receipt of the risk assessment		
Did the risk assessment identify the hazard		

<b>Safe working Procedure/Practice/SOPs</b>		
Is there a safe working procedure for the work associated with the accident		
If yes, what is the safe working procedure reference number	SWP	
Had the injured person been shown the safe working procedure		
Did the injured person follow the safe working procedure		
Did the injured person sign for receipt of the safe working procedure		

<b>Training</b>		
Had the injured person received any training in relation to the job		
If yes, on what date was the training carried out		
Was the training documented		
Did the injured person sign for receipt of the training		

### Important:

1. Review the risk assessment in relation to this accident
2. Make or recommend improvements
3. Review any safe working procedure associated to the task
4. Make amendments accordingly
5. Prohibit the use of the area/equipment if necessary
6. Re-issue any amended post-accident risk assessment immediately
7. Re-issue any amended safe working procedure immediately
8. Re-train if necessary

**Ensure that all employees issued with post-accident risk assessment, post-accident safe working procedure and post-accident training sign for receipt.**

## Accident Investigation Report

Standard Disclosure List – A Copy of the following documents must be attached to this report - if relevant	Please tick
Accident book entry	
First aider report	
Manager/Supervisor accident notes	
RIDDOR report to HSE (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	
Other communication between company and HSE	
Minutes of Health and Safety Committee meeting(s) where accident/matter considered	
Report to DSS	
Induction Training	
Evidence of equipment maintenance (if applicable)	
Evidence of pre-operational inspections (if applicable)	
Evidence of training given in relation to accident (Safe Working Procedure, Safe Working Practice, Safe Operating Procedure)	
Pre accident-Risk Assessment	
Post accident-Risk Assessment	
Pre accident-Safe Working Procedure	
Post accident-Safe Working procedure	
PPE issued (Personal Protective Equipment) if applicable	
Photographs where possible	

**Question;** Do I have to make out an Accident Investigation Report for all accidents?

**Answer:** No, not for negligible injuries such as, scratches, bruises, bumps, grazes. Nor for minor injuries such as, lacerations not requiring stitches or minor head injuries

### Accidents that must be reportable under the RIDDOR Regulations

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) Regulation 3 (notifying and reporting) and 7 (recording)

### What must you do?

#### ***Death or Major Injury:***

You must notify the Health and Safety Executive (HSE) or local authority as soon as you can, if someone has died or suffered a major injury as a result of an accident at work. This can be a Clipper Logistics Group employee, a self-employed person working on Clipper Logistics Group premises, someone else at work, or people not at work, e.g. members of the public (if the death or major injury “arose out of or in connection with work” i.e. was work-related).

You must also make a report ***within*** 10 days, via the below contacts, or by sending in a report form (F2508) to:-

**Fax:** 0845 300 9924 (any time)

**Internet report:** [www.riddor.gov.uk](http://www.riddor.gov.uk) (any time)



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Or link in via the HSE website: [www.hse.gov.uk](http://www.hse.gov.uk) (any time)

### Definitions of Reportable major injuries

- Fracture other than to fingers, thumbs or toes.
- Amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent).
- Chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Injury resulting from an electric shock or electrical burn leading to unconsciousness; or requiring admittance to hospital for more than 24 hours.
- Any other injury; leading to hypothermia, heat-induced illness or unconsciousness; or requiring admittance to hospital for more than 24 hours.
- Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent.
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin.
- Any injury to people not at work as a result of an accident “arising out of or in connection with work” where they are taken to hospital from the scene of the accident.

### Over Three Day Injury:

You do not have to notify these to HSE or the local authority as quickly as you can, **but you must** report them ***within ten days***.

If there is an accident connected to work (including an act of physical violence) and the employee or self-employed person working on your premises, suffer an over three day injury you must send a completed accident form (F2508) to the enforcing authority within ten days.

Alternatively, you can report to the accident contact centre via a number of methods.

**By phone** 0845 300 9923 (8.30am-5.00pm)

**By fax** 0845 300 9924 (any time)

**By internet** [www.riddor.gov.uk](http://www.riddor.gov.uk) (any time)

An over three day injury is one which is not necessarily major but results in the injured person being away from work or unable to do the full range of their normal duties for more than three days (including any rest days they wouldn't normally be expected to work such as weekends, rest days or holidays) ***not counting the day of the injury itself***.

## Accident Investigation Report

### **Reportable dangerous occurrences**

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately (e.g. by telephone)

Within ten days you must follow this up with a completed accident report form (F2508)

### **Reportable dangerous occurrences are;**

Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;

Explosion, collapse or bursting of any closed vessel or associated pipe work;

Failure of any freight container in any of its load-bearing parts;

Plant or equipment coming into contact with overhead power lines;

Electric short circuit or overload causing fire or explosion;

Any unintentional explosion, projection of material beyond a site or boundary, injury caused by an explosion;

Accidental release of a biological agent likely to cause severe human illness;

Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;

Malfunction of breathing apparatus while in use or during testing immediately before use;

Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;

Collapse or partial collapse of a scaffolding over five metres high, or erected near water where there could be a risk of drowning after a fall;

Unintended collision of a train with any vehicle;

Dangerous occurrence at a well (other than a water well);

Dangerous occurrence at a pipeline;

Failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trams;

A road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;

A dangerous substance being conveyed by road is involved in a fire or release;

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Unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work and/or scaffolding for example.

Explosion or fire causing suspension of normal work for over 24 hours;

Sudden, uncontrolled release in a building of: 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10 kg or more of flammable gas; or of 500kg of these substances if the release is in the open air;

Accidental release of any substance which may damage health.

### Reportable diseases

If a doctor notifies you that an employee suffers from a reportable work-related disease then you must send a completed disease report form (F2508A) to the enforcing authority.

You can simply ring the HSE to check whether a disease is reportable.

### Reportable diseases include:

Certain poisonings;

Some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;

Lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;

Infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;

Other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

Is the accident/incident reportable under the RIDDOR regulations	Yes	No
Is the report a;		
Major Injury		
Dangerous Occurrence		
Reportable Disease		
Over three day injury		
Who made the report;		
Name		
How was it reported (telephone, Fax, internet)		
Have you received a copy of the report		

## Accident Investigation Report

### Recording

You must keep a record of any reportable injury, disease or dangerous occurrence for a minimum of three years after the date of which it happened.

#### **This must include:**

- The date and method of reporting
- The date, time and place of the event
- Personal details of those involved
- A brief description of the nature of events

#### **What should I do with the accident investigation report now that it has been completed?**

A **copy** of the completed accident investigation report and all relevant documents should be kept under lock and key on site.

The **original** completed accident investigation report and all relevant documents should be sent without delay to:

Carol Heaton  
Clipper Logistics Group  
Gelder Road  
Leeds  
LS12 6LT

Fax Number;                0113 204 2085  
Telephone Number:    0113 204 2050  
E-mail address [HealthandSafetyAdmin@clippergroup.co.uk](mailto:HealthandSafetyAdmin@clippergroup.co.uk)

Useful Telephone Numbers for Health and Safety Advice;

Leonard Breheney (North) 07775 702 011  
Caroline Bate (South) 0208 344 5342