CORNWALL COUNCIL **NOTICE OF INCIDENT/ACCIDENT/DANGEROUS OCCURRENCE/DISEASE**

Department	Section	Work Base

1. The Injured Person – (*complete all appropriate sections*)

Name	Date of Birth / /	Employee ☐
Address	Employer	Contractor ☐
	Job Title	Trainee ☐
	Payroll No.	Pupil/Student ☐
	Home Phone No.	Member of Public ☐

2. The Incident

Fatality ☐ Dangerous Occurrence ☐ Specified Major Injury ☐ Disease ☐ Minor Injury ☐ No Injury Incident* ☐

**Do not report no injury incidents on the Electronic Accident Reporting System*

Location:-
Nature of injury indicating part of body affected and type of injury (e.g. cut left leg, bruised right arm, etc.)

Date of Accident / /	Time :	Date Notification Received / /	Violent Incident Yes/No

3. What Happened (*tick one or more boxes*)

Contact with moving machinery or material being machined ☐	Slip, trip or fall on same level ☐	Exposure to, or contact with, a harmful substance ☐
Struck by moving, including flying or falling, object ☐	Fall from height** ☐	Exposure to an explosion ☐
Struck by a moving vehicle ☐	**Distance through which person fell	Contact with electricity or an electrical discharge ☐
Struck against something fixed or stationary ☐	Trapped by something collapsing or overturning ☐	Injured by animal ☐
Injured whilst handling, lifting or carrying ☐	Drowning or asphyxiation ☐	Other kind of incident (Give details in section 5) ☐

4. What was involved (*Tick one box*)

Machinery/Equipment for lifting/conveying ☐	Gas, vapour, dust, fume or oxygen deficient atmosphere ☐	Electricity supply cable, wiring, apparatus or equipment ☐
Portable power hand tools ☐	Pathogen or infected material ☐	Construction formwork, shuttering or falsework ☐
Any vehicle or associated equipment/machinery ☐	Live animal ☐	Ladder or scaffolding ☐
Other machinery ☐	Moveable container or package of any kind ☐	Entertainment or sporting facilities or equipment ☐
Process plant, pipework or bulk storage ☐	Floor, ground, stairs, or any working surface ☐	Any other agent (please specify) ☐
Any material, substance or product being handled, used or stored ☐	Building, engineering structure or excavation/underground working ☐	

5. Detailed account of accident/dangerous occurrence e.g. what happened, what the person was doing at the time of the incident

If necessary please continue on a separate sheet.

6. Witnesses

Name Address Designation	Name Address Designation

7. Following Accident (*complete all appropriate sections*)

First Aid Given ☐	Went Absent ☐	Name and address of Hospital/Doctor
Taken Home ☐	Taken to Hospital ☐	
Returned to Work on same day ☐	Admitted to Hospital ☐	

8. Action Taken (Complete all appropriate sections)

HSE Notified Yes/No Time & date notified H&S Section notified Yes/No Time & Date notified

Note: Use investigation form to establish why the incident occurred and what action has been taken to prevent similar types of incidents.

Manager's Signature	Contact Address
Designation	Date:
Print Name	Phone No.

Office Use:	Filed		Date		Initials	
Notes						