***PLEASE COMPLETE ALL SECTIONS***

***For further information on any part of this form please either telephone 0141 574 5528 or 0141 574 3219 or by email to*** ***Health.Safety@eastdunbarton.gov.uk***

***On completion, please forward by email or post to Health and Safety Team at Broomhill Depot.***

|  |
| --- |
| **PART 1** |
| DIRECTORATE (*Select the appropriate box*) |
| Education, People & Business |[ ]  Place, Neighbourhood & Corporate Assets |[ ]
| STRATEGIC GROUP (*Select the appropriate box*) |
| Customer & Digital Services |[ ]  Assets & Facilities |[ ]
| Education |[ ]  Housing |[ ]
| Finance, Audit & Risk |[ ]  Land Planning & Development |[ ]
| Legal & Democratic Services |[ ]  Neighbourhood Services |[ ]
| Organisational Transformation |[ ]  Place & Community Planning |[ ]
|  |  | Roads & Transportation |[ ]
| **PART 2: ABOUT THE INCIDENT** |
| **Date of Incident: Time of Incident/Near Miss:**  |
| Site / Office location:Address:Post Code: |
| Is this location a Council Property? | Yes |[x]  No |[x]
| **PART 3: ABOUT THE INJURED PERSON** |
| Nature of injury:(state part and side of body affected) |  |
| Full Name: |
| Home Address:Post Code: | Work Location:Work Address:Post Code: |
| Tel (home): |  | Tel (work): |  |
| Occupation: |  | Employee Ref. No. |  |
| Age |  | Gender: | M | ☐ | F | ☐ | Other | ☐ |
| Outcome: | Resumed Work |[ ]  Sent Home |[ ]
|  | Advised to see own doctor |[ ]  Sent to Hospital |[ ]
| Status: | Council Employee |[ ]  Work Experience |[ ]
|  | Member of Public |[ ]  Pupil |[ ]
|  | Other |[ ]  Please state |  |
| Consent for Trade Union Representative to view personal details: | Yes |[ ]  No |[ ]
| **If incident results in any sickness absence please state number of days.** |  |
| **PART 4: ABOUT YOU, THE PERSON COMPLETING THIS RECORD** |
| Full Name:Home Address:Post Code:Occupation:Work Location: Contact Number: |

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| **PART 5: DESCRIPTION OF INCIDENT AND CAUSE** |
| Location: |  |
|  |
| Witness Name(s): |  | Contact No.: |  |
| **PART 6: RIDDOR 2013** Full list of RIDDOR reportable injuries/diseases is available on THE HUB/IBM CONNECTIONS**If classified as “Reportable”, incident must be reported to HSE within 15 Days of occurrence. Please forward form to Health & Safety Team immediately upon completion but no later than 10 days after the date of the accident. Line Management are required to contact the H&S Team on the 8th day of absence for all work related injuries.**  |
| Is this incident reportable under RIDDOR (check boxes as appropriate):  |
| No |[ ]  ***Reason:*** | Minor Injury |[ ]  No Injury |[ ]
|  |  |  | Less than 7 days absence not including day of accident (state number of days): |[ ]
| Yes |[ ]  ***Reason:*** | Fatality |[ ]  Major Injury |[ ]
|  |  |  | Hospitalisation (over 24hours) |[ ]  Over 7 days absence |[ ]
| Dangerous Occurrence | ☐ | Please specify: |  |
| Reportable Disease | ☐ | Please specify: |  |
| Date accident form F2508/F2508A completed by Health & Safety Team. |  |
| **PART 7: DEPARTMENT MANAGER** |
| Name: |  |
| Designation: |  |
| Date Reported: |  |
| Work Base: |  |
| Work Address:Post Code: |  |
| Telephone: |  |
| **ACTION(S) TAKEN TO PREVENT A RECURRENCE:** **This section MUST be completed** **by Direct Line Management. Please Note:** **Management are responsible for investigation, identifying root cause and implementing adequate control measures to prevent a reoccurrence of accident/incident.** |
|  |
| Signature |  | Date: |  |
| **PART 8: SUPPORTING INFORMATION PROVIDED (IF RELEVANT)** |
| Risk Assessment/Method Statement |[ ]  Service/Site/Property Induction |[ ]
| Witness Statements |[ ]  Site/Property layout plan |[ ]
| Photographs |[ ]  Plant/equipment certification |[ ]
| Training Certification |[ ]  Other (please specify |  |
| The personal information given on this form will be held securely and processed by East Dunbartonshire Council in accordance with the Data Protection Act 1998/ The information will be used to fulfil the Council’s obligations under RIDDOR legislation and for internal investigation regarding the reported incident. |