***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***](mailto: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 | | | | |  | | No | | |  |
| **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: | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | | | | | | | | |