SECTION 1: ALL PARTS MUST BE COMPLETED

ACCIDENT/INCIDENT REPORT

Ref. No/Serial No:

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| IF FALL FROM HEIGHT ENTER HEIGHT INMETRES | | | | | |
| DETAILS OF ACTION TAKEN TO REDUCE IMPACT OR SIGNIFICANCE OF INCIDENT Describe any first aid treatment rendered or other actions taken e.g. turned off fuel supply and deployed spill kit, activated spill plan etc | | | | | |
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| ACTIONS TAKEN BY | | | | | |
| NAME |  | Contact No |  | DATE |  |
| If Fall from Height (please enter height in metres) | | |  | | |

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| **Date of report Time of report Date of accident/incident Time of accident/incident UIN – Event location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11/03/20** |  | | | |  | | **1320** | | | |  | **08/03/20** | | | | | |  | | | |  |  | | |  | | |  | | | |
| **Event Type:** | | | Injury Ill Health \*Near Miss\*Damage\*Fire Dangerous Occ Env Inc/Enf Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Y** | |  | | | |  | **Y** | **N** | | |  | **Y** | | **N** | | | *\*****Delete as applicable*** | | | | | **Y** | **N** | | |  | | **Y** | | **N** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Event Location: Unit/Estab** | | | | | |  | | | | | | | | | | | **Dept** | | | |  | | | | | | **Bldg no** | | | |  | |
| **Man-Hours lost through Injury? Man-Hours lost through assistance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nil | | | | | | | | | | | | | | |  | | | | | Nil | | | | | | | | | | | | |
| **SECTION 2: DETAILS OF INCIDENT**  **DETAILS OF INCIDENT/INJURY/ILLNESS –** **Free Text:**  Describe the incident and events leading up to incident including what happened and any injury/illness sustained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**SECTION 3: RISK ASSESSMENT DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What activity was the Injured Person doing? |  | | | | | | |
| Did a Risk Assessment exist for this activity? | YES |  | Serial Number | | |  | |
| Was Risk Assessment available in the workplace? | YES |  |  | | | | |
| Did the Assessment require control measures to be in place? | YES |  | Were they used when the incident occurred? | YES |  | | |
| Does an Assessment require | Raising? | YES | NO | Reviewing? |  | | NO |

# **SECTION 4: DETAILS OF INJURED PERSON & PERSONNEL STATUS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Surname First Name Service/Staff/Pay No Contact Tel No** | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | N/A (civilian) | | | |  |  | | |
| Trade/Branch |  | | Rank/Grade | | |  | | Date of Birth | | |  | | | Female | |
| Address | | Enter Home or Work Address Here (including Postcode) | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| At Work/On Duty | |  | | Trainee/Recruit/Cadet/ATC | | | | |  | Bystander/Member of Public (Off Site) | | | | |  |
| Not At Work/Off Duty | |  | | Person on Business/Secondment | | | | |  | Trespasser on the MoD Estate | | | | |  |
| Contractor | |  | | Person on MoD property or in 1MoD Care | | | | |  | Other: Unknown/Unspecified | | | | |  |

# **SECTION 5: REPORTING PERSONS DETAILS (only complete if you are making the entry on behalf of another person)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Address | Enter Home or Work Address Here |
| First Name |  |  |  |
| Staff / Service Number |  |
| Employer if Not MOD |  |
| Contact Phone No |  |
| Rank/Section/Dept |  | Signature |  |
| **SECTION 6: LINE MANAGER’S COMMENTS** **Enter details of action/investigation taken, or will be taken, to prevent a recurrence of the incident**  **include any system failure, human factors, environmental factors that contributed to the incident (JSP 375, Vol 2 Lft 14)** | | | |
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| **Name** **Signature**  **Rank/Grade Date** This report must be passed to the Nominated Responsible Person (NRP)-Establishment Safety Adviser | | | |

# **SECTION 7: Establishment Safety Adviser use only**

|  |  |  |
| --- | --- | --- |
| File Ref. | **RIDDOR Regs 1995**. The Establishment Safety Adviser completes this section on behalf of the employer.  Is the event HSE reportable? Yes / No  If so, how was it reported? | Date entered onto CHASP:  Signature & Post Title: |
| **Establishment Safety Adviser Comments:** | | |
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| **SIGNATURE**  *Note 1: In accordance with the Data Protection Act 1998, the MOD will collect, use, protect & retain the information on this form for the purposes of performing rights & obligations in connection with employment legislation. The information will be disclosed to your line manager and person nominated to retain the record (NRP), to ensure they are to comply with any legal obligation. If you have any concerns consult your line manager. Note 2: Completing and signing this form does not constitute an admission of liability of any kind either by the person raising the report or any other person. Note 3: The NRP is to establish a system, either on paper or electronically, to store the completed MOD Form 510 such that they can be retrieved if required for legal or investigation purposes. The records should be secured such that they cannot be accessed without the consent of the person whose information is held. Forms should, however, be made available for inspection by appointed safety representatives on request. Safety Representatives and Safety Committees Regulations 1977 or the Health & Safety (Consultation with Employees) Regulations 1996. The NRP must also ensure that where the event is reportable to the HSE such a report as necessary is made.* | | **Date** |