

Quality checked by.....
Date.....

Kent County Council – Accident/Incident Report Form

HS157 (April 2012)

Report No:

Part A – to be completed by (or on behalf of) each person affected by an accident, incident, occupational disease, violence (actual or threat)
If you are unsure of which boxes to tick see guidance notes on SafetyNet, Kent Trust Web or in your accident book

1. Person injured/affected:

name gender: male female
home address age
status:
employee pupil/student visitor client/service user volunteer contractor
agency

This section **must** be completed for KCC employees OAN No.
job title directorate
department tel no
normal work place


2. Accident/Incident details:

date of incident time of accident am pm. tick
please tick if off duty premises/site
exact location: (e.g. room number, kitchen)

3. About the accident/incident: what happened? (who was doing what at the time of the incident) Use continuation sheet if necessary.

4. Witnesses name and contact details: Statement(s) attached yes no

Contact tel. no.

Access to confidential information on this form is restricted to authorised parties, including Health and Safety, Insurance, Human Resources and Safety Representatives, for the purposes of monitoring and managing incidents and data. All records are held securely in hard copy or on computer. 

5. Accident/Incident Type (please tick one box only)

moving/handling of objects <input type="checkbox"/>	hazardous substance <input type="checkbox"/>	road traffic collision <input type="checkbox"/>
moving/handling of persons <input type="checkbox"/>	slip/trip/fall on same level <input type="checkbox"/>	animal contact <input type="checkbox"/>
struck against <input type="checkbox"/>	fall from height <input type="checkbox"/>	hot/cold contact <input type="checkbox"/>
struck by object <input type="checkbox"/>	machinery/equipment <input type="checkbox"/>	near miss <input type="checkbox"/>
sharp object <input type="checkbox"/>	electrical injury <input type="checkbox"/>	other (tick if no other suitable option) <input type="checkbox"/>
sports/PE <input type="checkbox"/>	awkward movement <input type="checkbox"/>	
violent behaviour <input type="checkbox"/>	(please complete Box 6 below if you have ticked this box)	

6. Complete for violent incidents only

Incident details (please tick one box in each section)

Nature of Incident		Nature of Activity	
physical assault* <input type="checkbox"/>	threats/verbal abuse (includes telephone/written) <input type="checkbox"/>	teaching/assisting <input type="checkbox"/>	personal care <input type="checkbox"/>
self harm <input type="checkbox"/>	property damaged <input type="checkbox"/>	transporting pupil/client <input type="checkbox"/>	client interview <input type="checkbox"/>
		other (please specify) <input type="text"/>	

Other Factors

was employee working alone? <input type="checkbox"/>	were police involved? <input type="checkbox"/>	was a weapon used? <input type="checkbox"/>
physical intervention/restraint <input type="checkbox"/>	challenging behaviour <input type="checkbox"/>	some form of prejudice <input type="checkbox"/>

Details of aggressor involved

name and address

7. If injured

What part of the body were affected
e.g. head, arm (please say left or right)

If injured, detail injury:

cut/abrasion bruise burn/scald twist/strain

fracture * foreign object

Consequences:

continued work first aid received first aider's name (print)

sent to hospital* if sent to hospital* duration of hospital stay hours sent home
(for explanation see guidance)

people informed:
e.g. next of kin, parent

any other details: (details of first aid should be included here and records kept locally)

8. signature date

If signing on behalf of the affected person please state your:

name position

work address

Thank you.

Part B – To be completed by the Manager, Headteacher or Registered Manager

9. What action has been / could be taken to prevent a re-occurrence?

10. Investigation / follow up

Does this incident need further investigation? Yes No

Investigation form (HS160) to follow?
(if yes, please complete and send to your Directorate Health & Safety Adviser) Yes No

Is a referral to Occupational Health required? Yes No

If boxes marked * are ticked (in Part A or B), notification to the Health and Safety Executive (HSE) of a RIDDOR accident/incident may be required. (Check guidance notes on SafetyNet, Kent Trust Web or in your accident book and contact the Health & Safety Unit for advice prior to reporting).

F2508 (accident/incident) reported to the HSE Yes No

F2508a (occupational diseases) reported to the HSE Yes No

Attach a copy of F2508 / F2508a if already available

11. (To be completed for KCC employees only) Status of Accident/Incident

Please tick one box in **Section 1** and **Section 2** if applicable

Section 1

no lost time

less than 1 day lost

1 – 3 days lost

4 – 7 days lost

over 7 days lost*

For RIDDOR accidents/incidents, do not include the day of the accident.

Section 2 (if applicable)

major injury*

fatality*

disease*

dangerous occurrence*

A Notice of Sickness Absence Form should also be completed for lost time accidents. If boxes marked * are ticked you may need to report it to the HSE. See guidance notes.

12. Manager completing this form

name (please print) signed

job title

unit/section/form

work/school address

telephone no. date