

# Accident / Incident / Near Miss Report Form

|                                                 |  |
|-------------------------------------------------|--|
| <i>Name of injured person(s)</i>                |  |
| <i>Date of accident/incident/<br/>near miss</i> |  |

## Incident / near miss

|                               |  |
|-------------------------------|--|
| <i>Undesirable occurrence</i> |  |
| <i>Damage only</i>            |  |
|                               |  |
|                               |  |

## Accident

|                       |  |
|-----------------------|--|
| <i>Ill health</i>     |  |
| <i>Minor injury</i>   |  |
| <i>Serious injury</i> |  |
| <i>Major injury</i>   |  |

## Details of the incident or accident

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| <i>1. What was the injured person actually doing at the time of the accident/incident?</i> |
| <i>2. How did the injury/damage occur and what caused it?</i>                              |
| <i>3. Describe the injuries/damage caused and any outstanding problems?</i>                |
| <i>4. What emergency measures were taken?</i>                                              |
| <i>5. Names of any witnesses.</i>                                                          |
| <i>6. Name of Task Leader of the area where the accident/incident occurred.</i>            |

|                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Detail any equipment involved in the accident/incident. Name of equipment, model no, serial no etc.                                                                      |
| 8. Detail any problems or anything different about the working conditions where the accident/incident occurred?                                                             |
| 9. Were adequate safe working procedures in place e.g. risk assessment controls and were they followed?                                                                     |
| 10. What PPE was being worn by the person injured/present at the time of the accident/incident?                                                                             |
| 12. Did the injured person, or other party(ies) involved in the accident/incident, understand the risk assessment, and any health & safety instructions or methods of work? |
| 12(a) Was their first language English? If not, please state first language(s).                                                                                             |

### Recommendations

|                                                          |
|----------------------------------------------------------|
| Detail recommendations to reduce risks or remove hazard. |
|----------------------------------------------------------|

|                                       |            |
|---------------------------------------|------------|
| Initial investigation carried out by: | Date:      |
| Name (Capitals):                      | Signature: |
| Email:                                |            |
| Further investigation required?       |            |
| Yes/No                                |            |

Send a copy of this form to: [greenspacetask@stockport.gov.uk](mailto:greenspacetask@stockport.gov.uk) or via post to The Greenspace Team, Public Realm, Endeavour House, Bredbury Park, Bredbury, Stockport. SK6 2SN