Green Folder Section 10 Incident Reporting

Section	GF 10	**Document initiated by**	Green Folder Committee
Revision No.	001	**Document drafted by**	Green Folder Committee
Date document implemented	26th August 2013	**Responsibility for implementation**	Line Management
Original Issued by	H&S Officer		
Document reviewed by	Line Management		
Date	**Revision No.**	**Details of Amendment**	
Sept 2019	001	Updated to include reference to Donegal County Council Policy & Procedure for Management of Incident Reporting and Investigation	

All incident must be reported and investigated in line with Donegal County Council Policy & procedure for the Reporting and Investigation of Incidents available on the intranet at the following link:

Incident Reporting and Investigation Forms

Incident report Forms, incident investigation form and incident close out form are available to download at the above lint.

Appendix 1- Incident report

Donegal County Council

Incident Report Form

Type of incident:

- ☐ Health complaint due to work activity
- ☐ Accident causing injury
- ☐ Damage to property or equipment
- ☐ Dangerous Occurrence
- ☐ Near Miss
- ☐ Violent or threatening behaviour

Location of Incident:	**Date of incident:**	**Time:**

Complaint / Description of incident: (Give a brief account of what was happening before the incident / accident and what went wrong)

PLEASE DO NOT IDENTIFY INDIVIDUALS INVOLVED BY NAME, KEEP IT BRIEF AND TO THE POINT

Details of Injury: (If someone was injured, please provide the following details if known)

Were they

- ☐ An Employee
- ☐ A Contractor
- ☐ A Member of Public

Did they Require medical Treatment

☐ First Aid ☐ Referral to GP ☐ Hospital/A&E

Are likely to be unable to return to work for:

☐ Less than 3 days ☐ More than 3 days

Have you notified HR ☐

Directorate:	**Reported by (Supervisor) :**	**Date Reported:**

Save this form on your local drive, complete, and email to: accident@donegalcoco.ie Photographs may be attached to the document and email to the above address

Appendix 2 – Incident Investigation Form

SECTION A: INCIDENT DETAILS

Tick if it is HSA Reportable ☐ **Tick if HR has been notified ☐**

Accident causing Injury☐ Dangerous Occurrence ☐ Damage To Property/Equipment ☐ Near Miss ☐ Health Complaint Due To Work Activity ☐ Violence & threatening behaviour ☐

Other ☐ Please Specify: _____

Incident Date:	**Time:**	**Location:**
Date Reported By Employee:		**Date Reported To Line Manager:**
Is there any Photographic evidence, who took them &are they Available? Yes ☐ No ☐		

SECTION B: PERSON INVOLVED/INJURED PARTY

Name of Injured Person: **Employee No (If applicable):**	**Section/Work Area:**
Job Title:	**Work Phone No:**
Please Select: Staff Member ☐ Contractor ☐ Member Of Public ☐ Other _____	
Please Select Approximate Age: Less Than 25 ☐ 25-35 ☐ 36-45 ☐ 46-55 ☐ More Than 55 ☐	

SECTION C: INJURY DETAILS

Amputation ☐ Bite ☐ Bruising ☐ Burns/Scalds ☐ Chemical Burns ☐ Concussion ☐ Cuts/Abrasions ☐ Crushing ☐ Electric Shock ☐ Eye Injury ☐ Fracture ☐ Hearing Loss ☐ Internal Injuries ☐ Irritation ☐ Sprain/Strain ☐ No Injury ☐ Other ☐ _____

Body Part Injured: Abdomen ☐ Arm ☐ Back ☐Chest ☐Ear ☐ Eye ☐ Face ☐ Foot ☐ Finger ☐Hand ☐ Head ☐ Knee ☐ Leg ☐ Shoulder ☐ Toe ☐ No Injury ☐ Other ☐

Please Specify Exact Area: _____

SECTION D: INJURY TREATMENT

Workplace First Aid Received? Yes ☐ No ☐	Is Employee Back At Work? Yes ☐ No ☐ N/A ☐
Was The GP Attended? Yes ☐ No ☐	If Back, How Many Days Were They Absent?
Was the Hospital Attended Yes ☐ No ☐	

SECTION E: TYPE OF INCIDENT WHICH CAUSED INJURY

☐ Slips, trips or fall on the same level	☐ Contact with a hot substance
☐ Fall from a height of_____mtr	☐ Contact with a chemical substance
☐ Struck by a falling, moving or flying object	☐ Contact with a biological substance
☐ Injured by a vehicle on a public road	☐ Contact with a sharp object
☐ Injured by a vehicle on a work site	☐ Contact with electricity
☐ Trapped or crushed by an object or machinery	☐ Physical stress or strain to the body

☐ Other, please specify:

SECTION F: ITEMS/MACHINERY INVOLVED IN INCIDENT

SECTION G: INCIDENT DESCRIPTION *[Use Additional Sheet If Necessary]*

SECTION H: WITNESS STATEMENT *[Use Additional Sheet If Necessary]*

SECTION I: INCIDENT CAUSATION

Immediate Cause[s]:

Root Cause[s]:

SECTION J: CORRECTIVE ACTION REQUIRED

Accident Report Completed By_____ **Date:**_____

Line Manager: (Print Name)

Received By The H & S Officer:_____ **Date:** _____

Incident Number:_____ **Corrective Actions Assigned:** _____

Appendix 3 – Close out Form

Donegal County Council Close out Form	
A. Appropriate Line Manager carrying out investigation in conjunction with Safety Officer	
Line Manager:	Safety Officer:
Date of Incident:	Incident Number:
Name of Witnesses that were spoken to and any other relevant personnel (attach statements & photographs as necessary)	
B. Accident / Incident Findings **After a review of all facts, what were the unsafe work practices, unsafe plant /equipment or unsafe system of work or other factors i.e. People and Environment that contributed to the incident**	

C. Corrective Actions: **Identify corrective actions that need to be taken to prevent similar incidents**		
Corrective Actions	**Responsible Person**	**Date Implemented**

D. Communication of Incident **This Incident can only be concluded when corrective actions are implemented and communicated to all relevant employees in the relevant Directorates** **Concluded** Yes
E. Signature of Appropriate Line Manager: **Date**