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Staffordshire County Council
Accident Investigation Report Form

1. Details of Injured Person

Forename: | **Surname:**

Date of Birth: / / | **Gender:** **Male** ☐ **Female** ☐

Injured Person's Address & Postcode

Line 1
Line 2
Line 3
Line 4
Postcode

Status

Employee	☐	Contractor	☐
Service User	☐	Member of the Public	☐
Student/Pupil	☐	Work Experience	☐
Volunteer	☐	Other (please state)	

Indicate area of SCC or organisation reporting the accident:

People	Place	Strategy & Transformation	Finance & Resource	Law & Democracy	Customer Services & Comms
☐	☐	☐	☐	☐	☐

Academy: ☐ **External Organisation:** Click here to enter text.

Business Unit/Establishment Click here to enter text.

Job Title | **Employee Pay Ref:**

At the time of the accident was the employee authorised to carry out the task being performed

Yes ☐
No ☐

If no, provide details:
Click here to enter text.

If the injured person is employed by someone other than Staffordshire County Council, state name, address, telephone number of employer and reason for being on the premises / site:
Click here to enter text.

2. Accident DetailsName of workplace/establishment where the accident occurred *(please include the postcode)*	Click here to enter text. **Postcode:**		
Location e.g. office, grounds, stairwell	Choose an item. If other please state:		
Is this the injured persons usual workplace or base location?(please ✓)	**Yes** ☐	**No** ☐	**Please state their usual workplace/base location:**

Date of Accident: Click here to enter a date. | **Time of Accident:** :

Date Reported : Click here to enter a date. | **Time Reported:** :

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Reported to: | **Reported By:**

Description of how the accident occurred.

Click here to enter text.

Accident Type (e.g. fall): Choose an item. If other please state:

From the investigation, what has been identified as the root cause of the accident? Click here to enter text.

3. Details of damage, injury or ill-health

Damage or part(s) of body injured: e.g. left leg or 1st finger left hand Choose an item.

If other please state: Click here to enter text.

Injury type(s): e.g. fracture or laceration Choose an item.

If other please state: Click here to enter text.

First-Aid Administered? (please ✓) **YES** ☐ **NO** ☐ **If yes by whom?**

First-Aid Treatment Given: Click here to enter text.

Details of the accident recorded in the Accident Book (please ✓) **YES** ☐ **NO** ☐

Please ✓ one of the following where applicable:

☐	Fatality			Person needed resuscitation	☐
☐	Non-Employee taken from the premises / site to hospital			Major Injury to employee	☐
☐	Person became unconscious			Dangerous occurrence	☐
☐	Employee admitted to hospital for more than 24 hours			Over seven day absence	☐
☐	Fall from height ...	Fall height (in metres):		Minor Injury/No Injury	☐

Number of days lost (includes weekends/non workdays)

Is the absence continuing? (not yet returned to work) **Yes** ☐ **No** ☐

If a non employee/service user has been taken to hospital was it due: A) Solely to the injured persons medical condition ☐ B) Sports Accident ☐

Were there any defects to the premises/equipment that caused the accident? **Yes** ☐ **No** ☐

4. Actions Necessary to Prevent a Similar Accident

Prior to the accident had a risk assessment been completed for the activity? **Yes** ☐ **No** ☐

Post Accident Risk Assessment been completed/or an existing one reviewed? **Yes** ☐ **No** ☐

If NO, give reasons: Click here to enter text.

State what action has been taken or planned to reduce the risk of a similar accident: Click here to enter text.

Any other comments? Family informed? Click here to enter text.

Witnesses Details: Name, Address and Telephone.

1. Click here to enter text.	2. Click here to enter text.

5. Details of the manager completing this form

Print Name	Click here to enter text.	**Job Title:**	Click here to enter text.
Signature		**Date:**	Click here to enter a date.

For Health, Safety &Wellbeing Service use only

Date Received	Click here to enter a date.		Duty Officer	Choose an item.	Entered on SAP ✓
SCC or SLA	Choose an item.		Duty Telephone investigation date		☐
Object Name in SAP	Choose an item.		Telephone investigation date		☐
RIDDOR Reportable?	Yes ☐	No ☐	Site visit required?	Yes ☐	No ☐
Date reported to HSE	Click here to enter a date.		Date of site visit		☐
RIDDOR Report Number	Click here to enter text.		H&S Adviser	Choose an item.	
Scanned to H&S advisor	Yes ☐	No ☐	Accident form review date	Click here to enter a date.	

Additional Comments by H&S Advisor – Entered on SAP Y/N

Click here to enter text.

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Please send this form to the Health, Safety & Wellbeing Service within 3 days of the accident for RIDDOR reportable accidents, or 10 days for minor i.e. non-RIDDOR reportable accidents. Email shss@staffordshire.gov.uk or fax 01785 355842. (Need advice about this form? Call 01785 355777)