

T.G.PORTER INCIDENT REPORT FORM

This form is to be used to report unplanned negative events including: accidents, near misses, dangerous occurrences, spills, material damage, pollution incidents, breaches of site permits & complaints.

NOTE:

Accident: an unplanned event which causes injury, damage to property or both.

Near Miss: an unplanned event which does **NOT** cause injury or damage to property but has the potential to.

Filling out this form:

This form is to be filled out by Site Manager or other responsible person and reported to the Site Manager or TCM.

Site:	Date of Incident:	Ref No (site/year/number):
--------------	--------------------------	-----------------------------------

What Happened?

Person Involved:	Persons Status:	Length of Service (<i>months</i>):
Type of Incident:	Classification of Incident:	Weather Conditions:
Reported By:	Date of report:	Witnessed by:

Immediate Action Taken / First Aid / Containment Measures:	Reported to: Police/EA/Other: (Circle) Name: Rank No/Title: Station/Location: Crime No/Reference:
---	---

Initial Investigation / Basic Causes:		
Investigated By (<i>Print</i>):	Signature:	Date of Initial Investigation:

Long Term Actions to reduce the risk of a repeat incident:	
Site Manager:	T.G.Porter Partner:

Full Investigation Required? Yes Or No:

If <u>Yes</u> to Full Investigation Required Check: <input type="checkbox"/> Training Records <input type="checkbox"/> Treatment Administered <input type="checkbox"/> Service Records of and Equipment Involved <input type="checkbox"/> Engineers Report <input type="checkbox"/> Issue Documents for PPE <input type="checkbox"/> Issue Documents for Procedures Attach Applicable Copies

T.G.PORTER INCIDENT REPORT FORM

This form is to be used to report unplanned negative events including: accidents, near misses, dangerous occurrences, spills, material damage, pollution incidents, breaches of site permits & complaints.

NOTE:

Accident: an unplanned event which causes injury, damage to property or both.

Near Miss: an unplanned event which does **NOT** cause injury or damage to property but has the potential to.

Is there a risk assessment covering this incident? Yes/ No:	Do procedures, assessment or systems require modification as a result of this incident? If so please state references below:
---	--

Action Complete: <i>Print</i>	Signature:	Date of Completion:
-------------------------------	------------	---------------------

RIDDOR incident? Yes/No	If Yes : Partner to be informed and completed actions sign off.	
Informed:	Signature:	Date:
Action Complete:	Signature:	Date:

Estimated Cost of Accident/Incident:	Company	Non Company
Value of Loss/Fines		
Value of Damage/Clean Up		
Estimated Cost Lost Production Time		

T.G.PORTER INCIDENT REPORT FORM

This form is to be used to report unplanned negative events including: accidents, near misses, dangerous occurrences, spills, material damage, pollution incidents, breaches of site permits & complaints.

NOTE:

Accident: an unplanned event which causes injury, damage to property or both.

Near Miss: an unplanned event which does **NOT** cause injury or damage to property but has the potential to.

Incident Report Form – Guidance for Completion

Site: Name of site / location where incident took place	Date of Incident: Date / time incident was reported	Ref No (site/year/number): e.g. the 6 th accident at New Farm in 2009 would be NF/2009/6
--	--	--

What Happened? Detail the incident and how it happened, including the events that led to the incident, the part played by any people, name of any substances involved and result (e.g. injury incurred, spillage etc). In the case of a personal injury give details of what the person was doing. Use a separate piece of paper if you need to. Give details of any equipment, machinery etc. involved in the incident e.g. make and model, maintenance records, PPE, substances in use etc.

Person Involved: Name the injured person or the complainant	Persons Status: contractor / member of the public / employee /customer	Length of Service: If employed enter the length of service in their current job function
---	---	---

Type of Incident: Record the equivalent E S or SI number from the table below. Use more than one if necessary.	Classification of Incident: Record the appropriate number from the table below.			Weather conditions: Record the equivalent number from the table below. Use more than one if necessary		
	I1=Minor/First Aid Accident	I4=Major/Fatal Accident REPORTABLE**	I7=Near Miss Accident/Incident	W1=Dry	W3=Windy	W5=Raining
	I2= Under 3 Day Lost Time Accident	I5= Dangerous Occurrence REPORTABLE**	I8=Environment Incident	W2=Humid	W4=Wind direction	W6=Sunny
	I3=3 Day Lost Time Accident REPORTABLE**	I6= External Complaint	I9=Security Incident			

****There are clearly defined legal requirements for the reporting of specific types of accident and dangerous occurrences to the HSE. A summary of incidents that require reporting is found on the HSE combined reporting pad F2508A or a Case of Disease, and on F2508 for reporting an Injury or Dangerous Occurrence. The senior site person should carry this action out**

Type of Incident Record the equivalent E, S or SI number/s from the table below. Use more than one if necessary					
ENVIRONMENTAL			SAFETY		
E1=chemical release	E10-Fire/Smoke/fumes	S1=Contact with moving machinery	S8=Trapped or crushed		
E2= Dust emission	E11=Soil handling	S2=Hit by moving or flying object	S9=Exposed or contact with harmful substance		
E3= Fuel storage/spill	E12=Traffic	S3=Hit by moving vehicle	S10=Contact with electricity		
E4=Housekeeping/litter	E13=Vibration	S4=Hit stationary/fixed object	S11=RTA		
E5=Breach of legislation e.g. planning, licence, consent, authorisation, water resources act etc.	E14=Visual impact	S5=Injured whilst handling, lifting or carrying	S12=Mis-use/faulty/incorrect equipment		
E6=Lighting	E15=Waste Management	S6=Slip, trip, fall	S13= Damage to eye/s		
E7=Noise	E16=Water abstraction	S7=Fall from height	S14= Other please specify		
E8=Odour	E17=Water discharge	SECURITY			
E9=Road conditions	E18=Other please specify	SI1=Break In	SI3=Vandalism	SI5=Burglary	SI7=Assault
		SI2=Theft Plant	SI4=Other	SI6=Arson	SI8=Vehicle theft

T.G.PORTER INCIDENT REPORT FORM

This form is to be used to report unplanned negative events including: accidents, near misses, dangerous occurrences, spills, material damage, pollution incidents, breaches of site permits & complaints.

NOTE:

Accident: an unplanned event which causes injury, damage to property or both.

Near Miss: an unplanned event which does **NOT** cause injury or damage to property but has the potential to.

Reported By: <i>state name and job title of person completing report</i>	Date of report: <i>State date report raised</i>	Witnessed by: <i>state name of any witnesses to the incident if none state NONE</i>
---	--	--

Immediate Action Taken / First Aid / Containment Measures: <i>State immediate action taken to contain/manage situation. Include use of spill kit, sealing of point source, bunding, outline treatment given e.g. eye bath, washed and bandaged, sent to hospital and if necessary the First aid cert holder- state name of person administering first aid.</i>	Reported to: Police/EA/Other: Name: Rank No/Title: Station/Location: Crime No/Reference:
---	---

Initial Investigation / Basic Causes: <i>Give details of questions asked and initial investigation made and details of basic cause of incident e.g. lack of training, supervision, incorrect equipment, improper use, and poor Conditions</i>		
Investigated By:	Signature:	Date of Initial Investigation:

Long Term Actions: <i>Detail Long Term action taken since incident occurred state action taken to rectify, minimise impact of incident, and prevent recurrence</i>

Full Investigation Required? Yes Or No: <i>Full investigation is required when there is any lost time from work or the incident is reportable to any outside authority or if there have been a number of similar incidents.</i>
--

Is there a risk assessment covering this incident? Yes/ No: <i>note the number of the relevant assessment. If none can be found state none found</i>	Do procedures, assessment or systems require modification as a result of this incident? If so please state references below:
---	---

Action Complete <i>Print</i>	Signature	Date of Completion
-------------------------------------	------------------	---------------------------

Estimated Cost of Accident/Incident:	Company	Non Company
Value of Loss/Fines	<i>Include time to hospital, cost of first aid, making area safe, disposal, downtime, investigations and meetings, consultants, fines, recruitment, overtime, recovery, hire of equipment, repairs. Split into costs incurred by company or non-company costs.</i>	
Value of Damage/Clean Up		
Estimated Cost Lost Production Time		