

AIR3 – Accident/Incident Report Form

1. General information	
Date of Accident	DD/MM/YYYY
Employee Name	
Service	
Team Name	
Based at	
Time of accident	24hr – 00:00
Location of accident	
Investigating Manager	
Investigation assisted by	
Date of investigation	DD/MM/YYYY

2. Accident summary	Please tick
Injury Incident	
Near miss	
Member of the public incident/accident	
Contact Incident/Accident	
Verbal or Physical Abuse	
Dangerous Occurrence	

3. Accident type			
Accident type	Please tick	Accident type	Please tick
Abusive/Threatening Behaviour		Fall from height	
Being Exposed to fire or explosion		Hit by falling/moving/flying object	
Being Trapped by something collapsing/overturning		Injured by animal	
Bumping into something stationary		Aggravated previously sustained Injury (i.e. bad back made worse)	
Carrying handling lifting		Multiple accident types	
Contact with electricity or electrical discharge		Near Miss	
Contact with harmful substance		Physical Assault	
Contact with moving machinery/ equipment/ vehicle		Slips, Trips, Falls on the same level	
Contact with Sharp Object (Blade)		Road Traffic Incident	
Contact with Puncturing Object (Needle)		Vehicle Accident (Not involving another vehicle)	
Drowned or Asphyxiated		Other -	

4. Injury or Damage Location		
Did an injury occur?	Y/N	
If an injury has occurred, describe its location, size and appearance below.		
Did any damage occur?	Y/N	
If damage has occurred, describe its location, size and appearance below.		
Insert or attach any relevant photos in the box below.		

5. Type of injury (Tick all that apply)

Injury type	Please tick	Injury Type	Please tick
Amputation		Internal Injury	
Bite		Natural Causes	
Burns and Scalds		Near Miss	
Choking (Asphyxia)		Phycological (Shock etc.)	
Cuts		Physical Abuse	
Disease (Lymes etc.)		Rash (i.e. dermatitis)	
Dislocation		Sprains and Strains	
Drowning or Near Drowning		Superficial injuries (bruising etc.)	
Electrical Injury (burn, shock)		Needlestick Injury	
Eye Injury		Verbal Abuse	
Fracture		No Injury	
Head Injury (Concussion, dental etc.)		Other -	

6. Accident details

Name of injured person/ Damaged Equipment												
Job title / Purpose												
Age Group of person involved in accident – Or would it be better to use DOB												
18-24		25-34		35-44		45-54		55-64		64-74		75 or older
If a vehicle the type of vehicle / mobile plant involved												
Car		Van		Truck		Tractor		Telehandler		Forklift Truck		MEWP
Pickup		Trailer		Excavator		Mini Excavator		Road Sweeper Large				
Road Sweeper Small						Refuse Lorry		Refuse Lorry large				

Was the individual carrying out their usual duties? Y / N If No, include why in box below.
 Please explain what happened – What occurred leading up to the event.

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Persons involved in task that led to accident and their roles

Name	Job title	Role in event.

Resulting outcome – What the event resulted in, and actions taken following event.

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Post-Accident relevant information.

At the time of the investigation where was the injured person / Equipment?	
What was the first day of absence?	DD/MM/YYYY
Date returned to work (if known)	DD/MM/YYYY
Total days lost (current number with "+" if not yet resumed/returned)	
If an injury was caused by manual handling and resulted in back pain, is there a history of back pain?	Yes / No – If yes what and what can be done to assist?
Is the employee/are the employees happy to continue with their normal job in the future?	Yes / No – If not, why?

7. Documentation	
What task was being undertaken?	
Had a site/task specific risk assessment been undertaken?	Yes / No – If no, why?
Had the employee seen and signed for this risk assessment?	Yes / No – If no, why?
Were all aspects of the risk suitably identified and controlled.	Yes / No – If no, why?
Was a safe system of work in place?	Yes / No – If no, why?
Did this safe system of work clearly lay out all steps in the task in a detailed manner?	Yes / No – If no, why?
Have these documents now been reviewed?	Yes / No – If no, why?
Do these documents need to be updated following the accident?	Yes / No – If ,why?
Who was supervising the task?	

8. Training	
Has training been provided for the use of the equipment/tools involved?	Yes / No – If no, why?
Is the person involved familiar with the equipment/tools involved?	Yes / No – If no, why?
What training have all people involved in the accident had for task that was being performed?	
Is this training sufficient to enable the task to be carried out safely?	Yes / No – If no, why?
Is there additional training that would benefit the employee or team?	Yes / No – If yes, what?
Was the employee authorized to carry out the task?	

9. Equipment	
Was the correct equipment used to undertake the task?	Yes / No – If no, why?
Specify the equipment used in the task by those involved.	
What safety equipment / aids were used?	
Was the correct PPE worn?	Yes / No – If no, why?
Specify the PPE used?	

10. Environment	
Is the area enclosed or open to the elements?	
Was the access to the area suitable?	Yes / No – If no, why?
What were the weather conditions at the time of the accident (visibility)?	
What were the lighting conditions in the task's area?	
Did the ground surface have any bearing on the accident?	Yes / No – If yes, how?

11. Other information

Did the emergency procedures work after the accident occurred?	Yes / No – If no, why?
Was any 1 st Aid required?	Yes / No
What 1 st Aid was provided?	
Name of 1 st Aider (If 1 st Aid was provided)	
Was hospital treatment required?	Yes / No
What hospital treatment was given?	
Were there any witnesses? (Please insert any statements and CCTV screenshots where applicable.)	
Has this type of accident happened before? If yes, give details	
Was another person a contributing factor in this accident?	Yes / No – If yes, how?
Is there anything that the employee could have done to prevent this?	Yes / No – If yes, how?
Is there anything that management could have done to prevent this?	Yes / No – If yes, how?

12. Causes

The purpose of an investigation is to identify the root, underlying and immediate causes of the accident and the factual events that led up to it.

Immediate Causes:

-

Underlying Causes:

-

Root Causes:

-

13. SMART Actions

The following actions have been identified by the investigating manager.

Actions	Responsibility	Timescale

14. Supporting Document

Link all supporting documentation and evidence

Name of Supporting Document	Link

15. Corporate Health and Safety Team Comments

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16. Sign Off

Investigating Officer Name		Signature		Date	
Corporate Health and Safety Advisor		Signature		Date	