



**The Highland  
Council**  
**Comhairle na  
Gàidhealtachd**

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**GUIDANCE NOTES FOR  
THE REPORTING OF  
ACCIDENTS, INCIDENTS  
AND OCCUPATIONAL  
ILL HEALTH**

***Chief Executive – Health and Safety Team  
Revised April 2009***

# **CONTENTS**

|                   |                                                                                                     | <b>Page No.</b> |
|-------------------|-----------------------------------------------------------------------------------------------------|-----------------|
| 1                 | Introduction                                                                                        | 3               |
| 2                 | Legal requirements                                                                                  | 3               |
| 3                 | When do we need to make a report to the Health and Safety Executive (HSE) and Health & Safety Team? | 4               |
| 4                 | Who do I report Accidents to?                                                                       | 6               |
| 5                 | Who should complete accident report forms?                                                          | 7               |
| 6                 | Categories of person to whom this guidance applies                                                  | 7               |
| 7                 | Accident Investigation procedures                                                                   | 8               |
| 8                 | General                                                                                             | 9               |
| 9                 | Training                                                                                            | 10              |
| <i>Appendix 1</i> | The Highland Council “Form for the reporting of Accidents, Incidents and Occupational Ill Health”   | 11              |
| <i>Appendix 2</i> | The Health and Safety Executive form F2508 (05.00) Report of an injury or dangerous occurrence      | 12              |
| <i>Appendix 3</i> | The Health and Safety Executive form F2508A (05.00) Report of a case of Disease                     | 14              |
| <i>Appendix 4</i> | Definition of major injuries                                                                        | 16              |
| <i>Appendix 5</i> | Reportable dangerous occurrences                                                                    | 17              |
| <i>Appendix 6</i> | Reportable diseases                                                                                 | 18              |
| <i>Appendix 7</i> | Procedures for the reporting of accidents, incidents and Occupational ill health                    | 19              |

# **1 Introduction**

This Guidance note deals with the procedures to be observed in the event of an incident, accident, or case of ill health involving Highland Council employees, members of the public, independent contractors, school pupils and any other persons, either on Council premises or other location where injury has arisen out of or in connection with the Highland Council's work. The guidance outlines the steps to be followed in order to meet the legal requirement of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

The forms for accident reporting are a valuable source of information and can be used to determine accident trends, for accident investigations and as a means of identifying priorities to reduce accidents and ill health at work within the Council. To this end **all** accidents should be recorded on the appropriate accident report forms along with the number of days absence for those accidents which resulted in injury to staff. This can only be achieved however, by management taking positive action and encouraging staff to report all accidents and near miss incidents.

By reducing accidents the Council will not only be fulfilling its legal obligations, but will also reduce the financial burdens in both direct and indirect costs (e.g. damage to equipment, service interruption, replacement staff, increased insurance premiums) which can accrue as a result of accidents.

It is hoped that the information contained in this Guidance Note is clear and comprehensive but, if further advice is required or staff are in any way doubtful about whether an incident is reportable, this information can be obtained through the Health and Safety Team (01463 703095), or by contacting the HSE's Incident Contact Centre on 0845 300 9923

# **2 Legal Requirements**

The legal requirements are set out in The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 1995), which came into force on 1 April 1996.

RIDDOR 1995 requires The Highland Council to report certain work related accidents, diseases and dangerous occurrences. This information enables the enforcing authorities, the Health and Safety Executive (HSE) or Local Authority, to identify where and how risks arise and to investigate serious accidents. This is used in turn by the enforcing authorities to help and advise on preventative action to reduce injury, ill health and accidental loss.

Employees have a duty to report accidents to management. Management, acting on behalf of the Council, have to ensure that the appropriate forms have been filled out in the event of an accident.

### **3 When do we need to make a report to the Health and Safety Executive (HSE) and Health & safety Team?**

The following are categories of accident, incident and ill health which require reporting, along with the procedures to be adopted. ***It should be noted that in all cases of accident, incident and ill health identified below a Highland Council form will have to be completed.*** The Council form should be completed and sent, as soon as is practicable, and should not be delayed while determining whether the accident is reportable to HSE or not, e.g. over-three-day injury.

#### **(i) Death or major injury (for definitions of major injuries – see Appendix 4)**

If there is an accident connected with work and a Council employee, or self-employed person working on Council premises is killed or suffers a major injury (including as a result of physical violence); or

A person in categories (ii) – (v) in Section 5 is killed or taken to hospital, you must notify the Health & Safety Executive (HSE), without delay (phone HSE on 0845 300 9923 or Fax on 0845 300 9924)

You must also telephone the Health and Safety Team as soon as possible on 01463 703095.

The Council's procedures for reporting a death or major injury are detailed in the flowchart in Appendix 7.

#### **(ii) Over-three-day injury**

If there is an accident connected with work (including an act of physical violence) and a Council employee, or a self-employed person working on Council premises, suffers an over-three-day injury you must telephone the HSE's Incident Contact Centre on 0845 300 9923 once the employee has been off work for more than three days. An over-three-day injury is one which is not major but results in the injured person being away from work or unable to do their normal work for more than three days (including non work days). The three days excludes the day on which the accident occurred.

When a member of staff has been off for more than three days on a work-related over-three-day injury, the Health and Safety Team (01463 703095) should also be notified. On an employee's subsequent return to work the Health and Safety Team should be informed.

The Council's procedures for reporting over-three-day injuries are detailed in the flowchart in Appendix 7.

**Note:** Over-three-day injury reporting applies only to Council employees or a self-employed person working on Council premises.

(iii) **Dangerous Occurrence (for a summary of reportable dangerous occurrences see Appendix 5)**

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately to the Health and Safety Executive's Incident Contact Centre (Tel: 0845 300 9923 or fax on 0845 300 9924).

The Council's procedures for reporting a Dangerous Occurrence are detailed in the flowchart in Appendix 7.

(iv) **Disease (for a summary of reportable diseases see Appendix 6)**

If a doctor notifies you that a Council employee suffers from a reportable work-related disease then you must telephone the HSE's Incident Contact Centre on 0845 300 9923 as soon as this is known (see 3 above).

In any case of occupational ill health is suspected, whether confirmed by a doctor or not, advice should be sought from the Occupational Health Adviser on 01349 868741.

The Council's procedures for reporting a work-related disease are detailed in the flowchart in Appendix 7.

**Note:** The reporting of diseases applies only to Council employees.

(v) **Injury requiring hospital treatment**

If any person not at work suffers an injury as a result of an accident arising out of or in connection with work **and** that person is taken from the site of the accident to a hospital for treatment in respect of that injury, you must notify the HSE without delay (Tel: 0845 300 9923 or fax on 0845 300 9924). This notification applies to any person not at work.

The Council's procedures for reporting an accident to any person not at work, resulting in hospital treatment, are detailed in the flowchart in Appendix 7).

(vi) **Minor Injury (not reportable to HSE)**

If an accident happens which does not result in a reportable injury (i.e. death, major injury or over-three-day injury), then the Highland Council form need only be completed (see flowchart in Appendix 7).

Minor injuries would apply to all categories (i.e. **1** – **5**) in Section 6).

(vii) **Non-injury accident (not reportable to HSE)**

If an accident occurs which (a) does not result in injury **and** (b) was not a "reportable dangerous occurrence" but had the potential for serious or fatal

consequences or resulted in property damage, these should be reported to the Health and Safety team (Tel: 01463 703095) as soon as possible.

The procedures for reporting would be the same as for the minor injury (see (vi) above) with the exception that the “details of injured person” section of the Highland Council form would not be applicable.

Under RIDDOR '95 it is the Highland Council who has the duty as the “responsible person” to report accidents, but this would be done by persons on behalf of the Council, for example by those detailed in section 5 below.

## **4 Who do I report Accidents to?**

The most commonly used form for the reporting of accidents is the Highland Council “**Form for the reporting of accidents, incidents and occupational ill health**” (see Appendix 1). This form should be used in all cases when reporting accidents. This form also satisfies the requirements of the Social Security Act 1975, to keep certain information relating to accidents at work and as such a separate entry in Accident Book BI 510 for Social Security purposes will not be required. A copy of the Highland Council form must be retained on the premises and a copy sent to the Health and Safety Team at Dochfour Drive, Inverness, IV3 5EB. Further copies should be made and sent in accordance with each Service’s reporting procedures. Copies of accident reports should be retained for a period of at least 3 years.

In addition to the Council’s own form for reporting accidents it may **also** be necessary to report certain types of accident to the Health and Safety Executive (HSE). Please note that reports to the HSE should be made by the quickest practicable means (usually by telephoning the HSE’s Incident Contact Centre on 0845 300 9923).

***The following are all means by which accidents can be reported to the HSE’s Incident Contact Centre (ICC):***

- ❖ Telephone (charged at local call rate): 0845 300 9923
- ❖ Internet: [www.riddor.gov.uk](http://www.riddor.gov.uk) or link via HSE website at [www.hse.gov.uk](http://www.hse.gov.uk)
- ❖ E-mail: [riddor@natbrit.com](mailto:riddor@natbrit.com)
- ❖ Fax: 0845 300 9924
- ❖ Post: Health & Safety Executive, Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG. Note: If HSE forms either F2508 (05.00) “Report of an injury or dangerous occurrence” (See Appendix 2) or form F2508A (05.00) “Report of a case of Disease” (see Appendix 3) require to be copied and used, the original form should be sent to the HSE’s Incident Contact Centre, (ICC) Caerphilly (see address above) with copies made, one being retained on the premises with the Highland Council form, one

sent to the Health and Safety Team and any other copies being sent in accordance with each Service's reporting procedures.

When reporting minor accidents or incidents (i.e. accidents not resulting in injury) which are not Dangerous Occurrences (see Appendix 5 for definition of Dangerous Occurrences), only the Council's own form for reporting accidents need be completed.

## **5 Who should complete Accident Report Forms?**

It is the responsibility of individual employees to report accidents to their line supervisors or managers. In most cases, individual employees will complete their own accident report forms assuming they are able, but it is important that a responsible person countersigns the form.

If an employee is absent as a result of an accident then a responsible person will have to complete the form(s) on their behalf. Staff should ensure that they are familiar with individual Services' accident reporting procedures and know where to get and how to complete the accident report forms.

**A responsible person should ensure that all accidents are thoroughly investigated to identify underlying causes and ensure that remedial action is taken where appropriate to prevent a recurrence. The responsible person should also ensure that the appropriate accident report forms are completed. The responsible person should sign the form, wherever possible, indicating any recommendations or action taken.**

The responsible person would normally be the person in charge of Council premises but could be a supervisor where premises are large or multidisciplinary, or where work is undertaken outdoors and not on Council premises (e.g. TEC Services roadworks). Some examples of a responsible person are given below:

e.g. Line manager, Head Teacher/Depute Head, Superintendent, Supervisor/Senior

## **6 Categories of person to whom this Guidance applies**

Accident report forms should be completed in respect of accidents resulting in injury to the following categories of persons:

- 1) Highland Council employees
- 2) Members of public or client group on Council premises
- 3) School pupils attending school or on school activities
- 4) Contractors on Council premises where a contractor's employee or self-employed person has been injured as a result of or in connection with Highland Council work

- 5) Any person not on Council premises who has been injured in connection with work being undertaken by the Council

The above categories relate only to injury accidents, and it should be remembered that there are legal requirements on the reporting of Dangerous Occurrences (see Appendix 5) and certain Occupational Diseases (see Appendix 6). Further, it is useful to have information on non-injury accidents (i.e. those which could potentially have led to serious injury or resulted in property damage) which are not notifiable dangerous occurrences (i.e. to HSE) e.g. a near miss to a member of the public involving vehicular movements on Council premises having the potential for serious or fatal consequences (see “**3 (vii) Non-injury accident**” above).

## **7 Accident Investigation procedures**

There is always a danger that the completion of an official form is seen as all that is required under RIDDOR 95. **The most important aspect is accident prevention and the identification and urgent removal of any hazard either by action from within the premises and/or with other assistance** (e.g. from Housing & Property Services or from Service Managers). However, it is important that the removal of immediate risk does not interfere with any statutory investigation by the Health and Safety Executive (HSE). If in doubt, further advice should be sought from the Health and safety Team on 01463 703095.

When reporting notifiable accidents (i.e. fatal, major injury and dangerous occurrence) to HSE and the Health and Safety Team, clarification should be sought as to whether the accident area, or part of it, is to be left undisturbed for examination purposes.

### **(i) Managers/Supervisors**

When investigating accidents it is important to remember that the objective is not to apportion blame. The aim is to identify any underlying causes (i.e. lack of training, unsuitable equipment, etc) and to instigate remedial measures designed to prevent a recurrence.

It is the responsibility of Managers to ensure that all accidents are investigated thoroughly and that remedial action is taken to prevent a recurrence. These investigations can be undertaken by Managers or on their behalf, to determine the causes of accidents and remedial measures which require to be taken.

Where an accident has occurred and there are implications within a Service or for other Services and Areas, these should be raised through Corporate and/or Service meetings or other health and safety meetings to ensure that accidents are not repeated within different Services or Council areas.

Managers are responsible for ensuring that, where appropriate, the Health and Safety Executive, the Health and Safety Team and other Directors and Senior Managers are notified when serious accidents occur and to co-operate with those staff in their investigations.

**(ii) Health and Safety Team**

The Council's Health and Safety Team (HST) are employed by the Highland Council to monitor safety standards across all of the Council's activities. Part of their remit is to investigate accidents and this may be carried out in conjunction with or independently of the Health and Safety Executive. There may well be accidents not notifiable to the HSE, with potentially serious consequences, that will be investigated by the Council's HST. For this reason it is important that accidents are reported promptly on the correct forms and/or by phone if appropriate (see Section 3 for reporting procedures), so that investigations can begin as soon as possible after an accident.

In investigating accidents, it is not the remit of the Council's Health and Safety Team to apportion blame, but to ensure that measures are taken to prevent accidents recurring.

All Highland Council accident report forms and the HSE's F2508 (05.00) and F2508A (05.00) forms are scrutinised by the Health and Safety Team and should it be decided an investigation is necessary, access will be required where the incident occurred and to any injured party or witnesses. Copies of all relevant documents will also be required.

**(iii) Health and Safety Executive**

The Health and Safety Executive (HSE) are the Law enforcing body for Health and Safety in the UK. There are the requirements for reporting notifiable accidents and dangerous occurrences to the HSE and following notification the HSE may investigate any such occurrences.

It is a criminal offence to obstruct or withhold information from an HSE inspector when carrying out his investigations. It is therefore imperative that an inspector is given full co-operation when undertaking his investigations and any relevant information (e.g. accident report forms, training records) must be provided.

## **8 *General***

It is most important that all sections of the Highland Council accident reports and F2508 and F2508A report forms are fully completed, not only for accident investigation, but also for statistical purposes.

Heads of establishments should ensure that the names, addresses and telephone numbers of local doctors and the nearest hospital with an accident care unit, are available to all members of staff and that all staff are aware of what to do in the case of emergency in accordance with service procedures. A list of names of any staff within the establishment who have qualifications in first aid should be maintained and the notices showing the location of first aid boxes should be displayed prominently.

Although forms will normally be completed and signed by the responsible persons it should be remembered that during absences and holiday periods, it may be necessary for others to complete accident report forms. It is therefore important that all staff are aware of these reporting procedures and should know where to obtain and how to complete the appropriate forms.

## **9 Training**

Training courses in Accident Reporting, Investigation and Prevention Training Module Assessment can be arranged by contacting the Health & Safety Team, Hut 4, Dochfour Drive, Inverness, IV3 5EB, on 01463 703095. The following information covers the main objectives and criteria for the course.

### **1 Main Objectives**

- Provide an understanding of main reasons for accident investigation, reporting and prevention i.e. *Humanitarian, Economic and Legal*.
- To explain Council's procedure on reporting of accidents and near misses.
- Supply knowledge of basic accident investigation and prevention techniques.

### **2 Specific Objectives**

Upon completion of module each trainee should be able to:-

- Know when and how to notify enforcing authorities
- Implement correct procedure following an accident or near miss
- Investigate and report on work place accidents and incidents
- Identify basic and underlying causal factors
- Recommend corrective action to prevent recurrence
- Maintain accurate records of incidents
- Fulfil job responsibilities within organisation
- Understand and apply basic accident prevention techniques

### **3 Trainees**

Module is aimed at employees with the responsibility for accident reporting within the range of services provided by the Highland Council. Those persons are likely to include Directors, Managers, Supervisors and Team Leaders etc.

### **4 Trainee Pre – Qualifications**

Trainees are expected to possess a basic understanding of Health and Safety policies, procedures, legislation and management.

### **5 Course Duration**

Approximately – 6 hours

# THE HIGHLAND COUNCIL

APPENDIX 1

## FORM FOR THE REPORTING OF ACCIDENTS, INCIDENTS AND OCCUPATIONAL HEALTH

PLEASE COMPLETE ALL SECTIONS OF FORM- Enter X in appropriate boxes:

Ref. No. office use only

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NATURE OF INCIDENT:-</b>                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>COUNCIL AREA:-</b>                                                                                                                                                                                          |  | <b>SERVICE:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| ACCIDENT/INCIDENT WITH INJURY <input type="checkbox"/><br>ACCIDENT/INCIDENT WITHOUT INJURY <input type="checkbox"/><br>ACT OF VIOLENCE <input type="checkbox"/><br>OCCUPATIONAL ILL HEALTH <input type="checkbox"/><br>NEEDLESTICK INJURY <input type="checkbox"/><br>ROAD TRAFFIC ACCIDENT <input type="checkbox"/><br>OTHER (PLEASE INDICATE) <input type="checkbox"/>                                                            |  | CAITHNESS, SUTHERLAND & EASTER <input type="checkbox"/><br>ROSS <input type="checkbox"/><br>INVERNESS, NAIRN, BADENOCH & STRATHSPEY <input type="checkbox"/><br>ROSS, SKYE & LOCHABER <input type="checkbox"/> |  | CHIEF EXECUTIVE <input type="checkbox"/><br>EDUCATION/CULT/SPORT <input type="checkbox"/><br>- CATERING & CLEANING <input type="checkbox"/><br>FINANCE <input type="checkbox"/><br>HOUSING <input type="checkbox"/><br>- BUILD / MAINT <input type="checkbox"/>                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | PLANNING / DEV LP <input type="checkbox"/><br>TEC SERVICES: <input type="checkbox"/><br>- TRANSPORT <input type="checkbox"/><br>- G GROUNDS/MAINT <input type="checkbox"/><br>- WASTE /REFUSE <input type="checkbox"/><br>SOCIAL WORK <input type="checkbox"/>                                                                                                                                                                                                               |  |
| <b>DETAILS OF INJURED PERSON:-</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                |  | <b>DATE ACCIDENT HAPPENED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                |  | <b>TIME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>HOME ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                |  | <b>ADDRESS OF PREMISES WHERE ACCIDENT HAPPENED:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>OCCUPATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                |  | <b>AGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>SEX M/F</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                |  | <b>DATE NOTIFIED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>STATUS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                |  | <b>TO WHOM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| EMPLOYEE <input type="checkbox"/><br>PUPIL <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                |  | CONTRACTOR <input type="checkbox"/><br>CLIENT/PUPIL <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | <b>NAMES &amp; ADDRESSES OF ANY WITNESSES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>TYPE OF INJURY / ILL HEALTH:-</b>                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                |  | <b>SITE OF INJURY:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| NONE <input type="checkbox"/><br>DEATH <input type="checkbox"/><br>OVER 1 DAY ABSENCE <input type="checkbox"/><br>FRACTURE <input type="checkbox"/><br>DISLOCATION <input type="checkbox"/><br>BURN <input type="checkbox"/><br>SCALD <input type="checkbox"/><br>CUT / SCRATCH <input type="checkbox"/><br>PUNCTURE WOUND <input type="checkbox"/><br>BRUISE / SWELLING <input type="checkbox"/><br>OTHER <input type="checkbox"/> |  |                                                                                                                                                                                                                |  | LOSS OF LIMB <input type="checkbox"/><br>LOSS OF SIGHT <input type="checkbox"/><br>PARTIAL LOSS OF SIGHT <input type="checkbox"/><br>CONCUSSION <input type="checkbox"/><br>SHOCK <input type="checkbox"/><br>POISONING / GASSING <input type="checkbox"/><br>INTERNAL INJURY <input type="checkbox"/><br>HEARING IMPAIRMENT <input type="checkbox"/><br>DISEASE <input type="checkbox"/><br>IRRITATION <input type="checkbox"/><br>STRAIN / SPRAIN <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | HEAD <input type="checkbox"/><br>CHEST <input type="checkbox"/><br>ABDOMEN <input type="checkbox"/><br>BACK <input type="checkbox"/><br>INTERNAL <input type="checkbox"/><br>EYE <input type="checkbox"/><br>EAR <input type="checkbox"/><br>FACE <input type="checkbox"/><br>NECK <input type="checkbox"/><br>SHOULDER <input type="checkbox"/><br>UPPER ARM <input type="checkbox"/>                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | ELBOW <input type="checkbox"/><br>LOWER ARM <input type="checkbox"/><br>WRIST <input type="checkbox"/><br>HAND <input type="checkbox"/><br>FINGER <input type="checkbox"/><br>UPPER LEG <input type="checkbox"/><br>KNEE <input type="checkbox"/><br>LOWER LEG <input type="checkbox"/><br>ANKLE <input type="checkbox"/><br>FOOT <input type="checkbox"/><br>TOES <input type="checkbox"/>                                                                                  |  |
| <b>FIRST-AID TREATMENT YES / NO</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                |  | <b>GIVE DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | <b>IS RIDDOR NOTIFICATION REQUIRED? YES / NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | F2508 / F2508A SENT TO HSE YES / NO (ATTACH COPY TO FORM)                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>AGENT OF INJURY:-</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                |  | <b>CAUSE OF INCIDENT:-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| NONE <input type="checkbox"/><br>HIT BY MOVING OBJECT <input type="checkbox"/><br>ELECTRICITY <input type="checkbox"/><br>MACHINERY(Powered) <input type="checkbox"/><br>MACHINERY(Hand held) <input type="checkbox"/><br>SLIP,TRIP OR FALL <input type="checkbox"/>                                                                                                                                                                |  |                                                                                                                                                                                                                |  | HANDLING / LIFTING <input type="checkbox"/><br>HAZARDOUS SUBSTANCE <input type="checkbox"/><br>PRESSURE SYSTEM <input type="checkbox"/><br>HEAT OR COLD <input type="checkbox"/><br>ANIMAL / INSECT <input type="checkbox"/><br>HUMAN <input type="checkbox"/><br>OTHER <input type="checkbox"/>                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | NONE <input type="checkbox"/><br>UNSAFE ENVIRONMENT <input type="checkbox"/><br>UNSAFE MACHINERY <input type="checkbox"/><br>UNSAFE STACKING <input type="checkbox"/><br>UNSAFE SYSTEM OF WORK <input type="checkbox"/><br>MISUSE OF EQUIPMENT <input type="checkbox"/><br>MANUAL HANDLING <input type="checkbox"/><br>HORSEPLAY <input type="checkbox"/>                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  | PROTECTIVE EQUIPMENT <input type="checkbox"/><br>INADEQUATE <input type="checkbox"/><br>NOT WORN <input type="checkbox"/><br>INADEQUATE / SUB STANDARD <input type="checkbox"/><br>TRAINING <input type="checkbox"/><br>INSTRUCTION <input type="checkbox"/><br>SUPERVISOR <input type="checkbox"/><br>OTHER <input type="checkbox"/>                                                                                                                                        |  |
| <b>BRIEF DESCRIPTION OF INCIDENT: ATTACH ADDITIONAL SHEETS AS REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>RECOMMENDATIONS/OBSERVATIONS ON REMEDIAL MEASURES TAKEN TO PREVENT RECURRENCE: - INDICATE DATES ETC.</b>                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>DATE INCAPACITATION COMMENCED</b>                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>DATE OF RETURN (IF KNOWN)</b>                                                                                                                                                                               |  | <b>TOTAL ABSENCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| ANY PROPERTY/ASSET DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                           |  | ESTIMATED COSTS                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| SIGNATURE OF PERSON COMPLETING FORM                                                                                                                                                                                                                                                                                                                                                                                                 |  | PRINT NAME                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| ADDRESS & OCCUPATION IF NOT INJURED PERSON                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND NO MATERIAL INFORMATION WITHIN MY KNOWLEDGE IN REGARD THERETO HAS BEEN WITHHELD.                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>INVESTIGATING OFFICER/SUPERVISOR SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| ORIGINAL                                                                                                                                                                                                                                                                                                                                                                                                                            |  | DATE                                                                                                                                                                                                           |  | TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| TO BE RETAINED LOCALLY                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| DUPLICATE                                                                                                                                                                                                                                                                                                                                                                                                                           |  | SEND TO HEALTH AND SAFETY TEAM                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

PERSONS COMPLETING FORM SHOULD ENSURE THAT ALL RELEVANT COPIES OF FORMS AND ADDITIONAL SHEETS ARE ATTACHED BEFORE DISPATCH.



# Report of an injury or dangerous occurrence

## Filling in this form

This form must be filled in by an employer or other responsible person.

### Part A

#### About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

#### About your organisation

4 What is the name of your organisation?

5 What is its address and postcode?

6 What type of work does the organisation do?

### Part B

#### About the incident

1 On what date did the incident happen?

2 At what time did the incident happen?

(Please use the 24-hour clock eg 0800)

3 Did the incident happen at the above address?

Yes  Go to question 4

No  Where did the incident happen?

elsewhere in your organisation – give the name, address and postcode

at someone else's premises – give the name, address and postcode

in a public place – give details of where it happened

If you do not know the postcode, what is the name of the local authority?

4 In which department, or where on the premises, did the incident happen?

### Part C

#### About the injured person

If you are reporting a dangerous occurrence, go to Part F. If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1 What is their full name?

2 What is their home address and postcode?

3 What is their home phone number?

4 How old are they?

5 Are they

male?

female?

6 What is their job title?

7 Was the injured person (tick only one box)

one of your employees?

on a training scheme? Give details:

on work experience?

employed by someone else? Give details of the employer:

self-employed and at work?

a member of the public?

### Part D

#### About the injury

1 What was the injury? (eg fracture, laceration)

2 What part of the body was injured?

- 3 Was the injury (tick the one box that applies)
- a fatality?
  - a major injury or condition? (see accompanying notes)
  - an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
  - an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?
- 4 Did the injured person (tick all the boxes that apply)
- become unconscious?
  - need resuscitation?
  - remain in hospital for more than 24 hours?
  - none of the above.

## Part E

### About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- Contact with moving machinery or material being machined
  - Hit by a moving, flying or falling object
  - Hit by a moving vehicle
  - Hit something fixed or stationary
- 
- Injured while handling, lifting or carrying
  - Slipped, tripped or fell on the same level
  - Fell from a height  
How high was the fall?  
 metres
  - Trapped by something collapsing
- 
- Drowned or asphyxiated
  - Exposed to, or in contact with, a harmful substance
  - Exposed to fire
  - Exposed to an explosion
- 
- Contact with electricity or an electrical discharge
  - Injured by an animal
  - Physically assaulted by a person
- 
- Another kind of accident (describe it in Part G)

## Part F

### Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the [notes which accompany this form](#))

#### For official use

Client number

Location number

Event number

INV  REP  Y  N

## Part G

### Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.



## Part H

### Your signature

Signature

Date

If returning by post/fax, please ensure this form is signed, alternatively, if returning by E-Mail, please type your name in the signature box

#### Where to send the form

Incident Contact Centre, Caerphilly Business Centre, Caerphilly Business Park, Caerphilly, CF83 3GG. or email to [riddor@natbrit.com](mailto:riddor@natbrit.com) or fax to 0845 300 99 24

**Continue**



# Report of a case of disease

## Filling in this form

This form must be filled in by an employer or other responsible person.

### Part A

#### About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

#### About your organisation

4 What is the name of your organisation?

5 What is its address and postcode?

6 Does the affected person usually work at this address?

Yes  Go to question 7

No  Where do they normally work?

7 What type of work does the organisation do?

### Part B

#### About the affected person

1 What is their full name?

2 What is their date of birth?

3 What is their job title?

4 Are they

male?

female?

5 Is the affected person (tick one box)

one of your employees?

on a training scheme? Give details:

on work experience?

employed by someone else? Give details:

other? Give details:

## Part C

### The disease you are reporting

1 Please give:

- the name of the disease, and the type of work it is associated with; or
- the name and number of the disease (from Schedule 3 of the Regulations – see the accompanying notes).

2 What is the date of the statement of the doctor who first diagnosed or confirmed the disease?

3 What is the name and address of the doctor?

## Part D

### Describing the work that led to the disease

Please describe any work done by the affected person which might have led to them getting the disease.

If the disease is thought to have been caused by exposure to an agent at work (eg a specific chemical) please say what that agent is.

Give any other information which is relevant.

Give your description here

### Continue your description here

## Part E

### Your signature

Signature

Date

If returning by post/fax, please ensure this form is signed, alternatively, if returning by E-Mail, please type your name in the signature box

### Where to send the form

Incident Contact Centre, Caerphilly Business Centre,  
Caerphilly Business Park, Caerphilly, CF83 3GG.  
or email to [riddor@natbrit.com](mailto:riddor@natbrit.com) or fax to 0845 300 9924

Continue

### For official use

Client number

Location number

Event number

INV  REP  Y  N

## **APPENDIX 4**

### **DEFINITION OF MAJOR INJURIES**

#### **Reportable major injuries are:**

- Fractures other than to fingers, thumbs or toes
- Amputation
- Dislocation of the shoulder, hip, knee or spine
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or any penetrating injury to the eye
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Any other injury leading to hypothermia, heat induced illness or unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

**REPORTABLE DANGEROUS OCCURRENCES****Reportable dangerous occurrences are:**

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- Explosion, collapse or bursting of any closed vessel or associated pipework
- Plant or equipment coming into contact with overhead power lines
- Electrical short circuit or overload causing fire or explosion
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion
- Accidental release of a biological agent likely to cause severe human illness
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period
- Malfunction of breathing apparatus while in use or during testing immediately before use
- Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent
- Collapse or partial collapse of a scaffold over 5 metres high, or erected near water where there could be a risk of drowning after a fall

**Note:** there are additional categories of dangerous occurrences other than those listed above and if any doubt exists, advice can be obtained from the local HSE office (01463 718101) or from the Health and Safety Team (01463 703095).

## REPORTABLE DISEASES

### Reportable diseases include:

- Certain poisonings, e.g. mercury, lead, phosphorous
- Some skin diseases such as:

*Occupational dermatitis* due to work involving exposure to, for instance metal working fluid; cement; plaster or concrete; organic solvents; soaps and detergents.

*Skin cancer, acne* due to work involving exposure to mineral oil, tar pitch or arsenic.

- Lung diseases including:

*Occupational asthma*, due to work involving exposure to, for instance wood dust

*Pneumoconiosis* (due to work with silica rock)

*Lung cancer*

- Infections such as;

*Leptospirosis, tetanus, hepatitis, tuberculosis, anthrax, lyme disease*

- Other conditions such as:

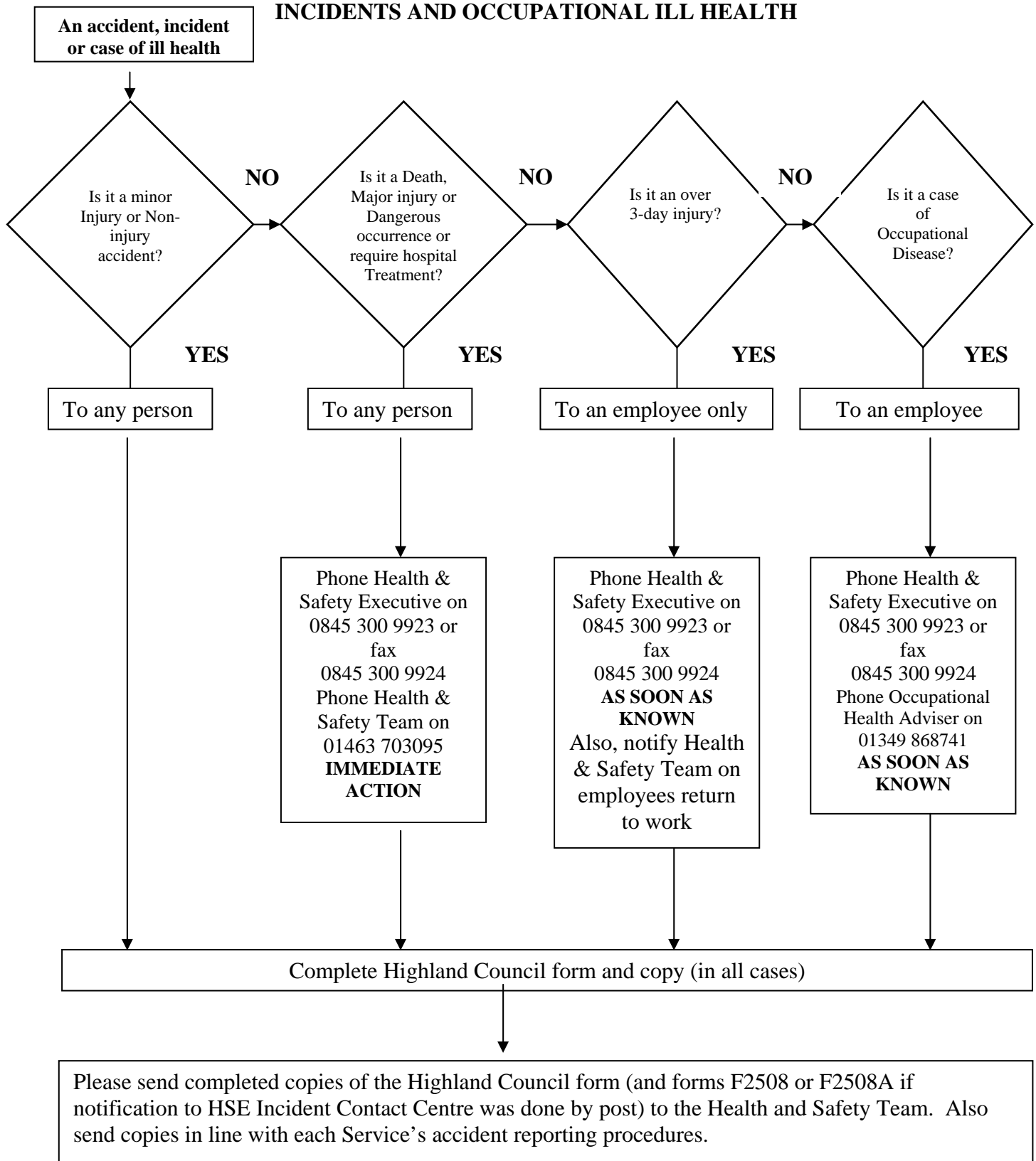
*Certain musculoskeletal disorders*

*Hand-arm vibration syndrome*

For advice on Reportable Diseases and work related ill health please contact the Occupational Health Adviser on 01349 868741.

**Note:** If any case of occupational ill health is suspected, whether confirmed by a doctor or not, advice should be sought from the Occupational Health Adviser.

**PROCEDURES FOR THE REPORTING OF ACCIDENTS, INCIDENTS AND OCCUPATIONAL ILL HEALTH**



*\* Where it is anticipated that an accident could result in an over 3-day injury, the Highland Council's accident report must be completed and sent immediately. It should not be held back while determining whether the accident is an over 3-day one or not.*

*If forms F2508 or F2508A are used they should be sent to this address:*  
**Health & Safety Executive  
 Incident Contact Centre  
 Caerphilly Business Park  
 Caerphilly  
 CF83 3GG**