

Report of an injury or dangerous occurrence

(Form F 2508)

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 e.g. 0600)

- 3 Did the incident happen at the above address?
Yes Go to question 4
No Where did the incident happen?
 Elsewhere in your organisation - 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 Directorate/Service or where on the premises/site did the incident occur?

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? (Please provide date of birth)
- 5 Are they
 male? female?
- 6 What is their job title?
- 7 Employee ID Number
- 8 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? (e.g. fracture, laceration)
- 2 What part of the body was injured?

continued overleaf

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 0 - 3 days?

an injury to an employee or self employed person which prevented them doing their normal work for more than 3 - 7 days?

an injury to an employee or self employed person which prevented them doing their normal work for more than 7 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 electricity

Contact with machinery

Drowned or asphyxiated

Exposed to explosion

Exposed to fire

Exposed to harmful substance

Fall from a height

How high was the fall? metres

Injured by an animal

Lifting and handling injuries

Physical assault

Slip, trip, fall same level

Struck against

Struck by moving vehicle

Struck by object

Trapped by something collapsing

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)

Part G

Describing what happened

Give us as much detail as you can.

- main industry, activity, work process - see categories
- what type of work was being carried out – what was the person doing
- the name of any substance, type of machine involved
- the events that led to the incident and the main factor that resulted in the incident - see categories
- the part played by any people

Attach a completed investigation record and associated documentation (certificates / photographs) where applicable. Determine the cause to identify possible improvements to prevent a reoccurrence. Describe any action that has since been taken to prevent a similar incident.

Part H

Your signature

Date

/ /

Where to send the form

Please send the completed form to the relevant Directorate H&S Coordinator as per ACC corporate arrangements.

Data Protection

The information collected on this form is recorded manually and on computer and then stored securely and processed for the purposes of compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Aberdeen City Council will process your information fairly and lawfully and in accordance with the principles of the Data Protection Act 1998. For the purposes of processing your personal information, Aberdeen City Council is the Data Controller. The nominated representative of the Data Controller is the Head of Democratic & Legal Services. You have a right to obtain details of the personal information which Aberdeen City Council holds about you. Such a request should be made in writing to: Human Resources, Corporate Governance, 4thFloor West Marischal College, Broad Street, Aberdeen, AB10 1AB.