

Accident, incident and near miss report form

This form is only to be used where access to Datix ® is not possible, once completed this form must be passed to the line manager for entering into Datix ®. Once the information has been logged onto the system this form should be scanned and attached as a document to the incident then the paper copy must be destroyed through confidential waste.

If the incident is a safeguarding concern please contact your safeguarding officer and do not use this form.

Incident date	Incident time
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About the person involved
Office / shop
Area / Hub

Did the incident happen at the above location? ① Select one only Yes <input type="checkbox"/> No <input type="checkbox"/>
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If no please provide address and details of the incident location

What was the exact location of incident? ① State where at the location the incident occurred (e.g. treatment area, fitting room, store room, rear of vehicle)

Please indicate type of incident ① Select one only Accident <input type="checkbox"/> Incident <input type="checkbox"/> Near Miss <input type="checkbox"/>

Incident details
Description summary ① Please detail what happened, put facts not opinions. Do not use names use roles e.g. "the customer", "the manager", "the volunteer"

What action did you take? ① Detail the action taken at the time of the incident - if an emergency service was called note the details and call reference numbers

What type of incident was this?		
Who or what was affected?	① Select one only	
Person we support <input type="checkbox"/>	Staff <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Public, Visitor, Contractor <input type="checkbox"/>	Retail & RCT Customer <input type="checkbox"/>	Incident affecting organisation <input type="checkbox"/>

Incident category			
① Select all that apply			
Driving and transport <input type="checkbox"/>	Fire Safety <input type="checkbox"/>	Fraud and Theft <input type="checkbox"/>	
Health and safety <input type="checkbox"/>	Information governance <input type="checkbox"/>	Practice and Clinical Related <input type="checkbox"/>	
Safe Working Environment <input type="checkbox"/>	Security & Personal Safety <input type="checkbox"/>	Falls/Death/Ad Hoc 1 st Aid <input type="checkbox"/>	

Person affected details	
Was anyone injured or affected by this incident?	① Select one only Yes <input type="checkbox"/> No <input type="checkbox"/>
① If someone was injured please detail the injury and which part of body was injured (e.g. left hand), if more than one person was injured please complete a form for each person (please note this will only be one incident when logged on Datix ®)	

Injury
Part of body injured

Personal details of person affected		
Name	Role	
email	Tel No.	Date of birth
Address		

Additional information	
Did anyone witness the incident?	① Select one only Yes <input type="checkbox"/> No <input type="checkbox"/>
① If yes please detail below and attach witness statements to this report	
Name	Tel No
email	Role
If the witness is an employee or volunteer where is their normal place of work or volunteering?	

Was anyone else involved in this incident?	① Select one only Yes <input type="checkbox"/> No <input type="checkbox"/>
① Example First Aider, driver etc. If more than one person involved please provide details on a separate sheet	
Name	Tel No
email	Role
Involvement in incident	

Was any equipment involved in the incident?	① Select one only Yes <input type="checkbox"/> No <input type="checkbox"/>
① If yes please detail below if more than once piece of equipment was involved please provide details on a separate sheet	
Type of equipment	
Serial number	
Description of defect	

Are there additional documents attached to this form?	① Select one only Yes <input type="checkbox"/> No <input type="checkbox"/>
① Other documents include photographs, statements, drawings etc. please attach or e-mail to the relevant manager to allow them to be attached to the incident on Datix ®	

Details of person reporting the incident	
Full name	
Telephone number	
email	
Role at time of the incident	① Select one only Employee <input type="checkbox"/> Volunteer <input type="checkbox"/>
Would you like feedback on your report?	① Select one only Yes <input type="checkbox"/> No <input type="checkbox"/>

Please ensure this completed form is passed to the line manager of the person involved for inputting to Datix ® and investigation. Please remember if you have access to RedRoom or Citrix please complete this form using Datix ® online.

Thank you for taking the time to report this incident.