HS8.2 - Near Miss and Injury Investigation Report

Step 1: Injured/Affected Person to complete

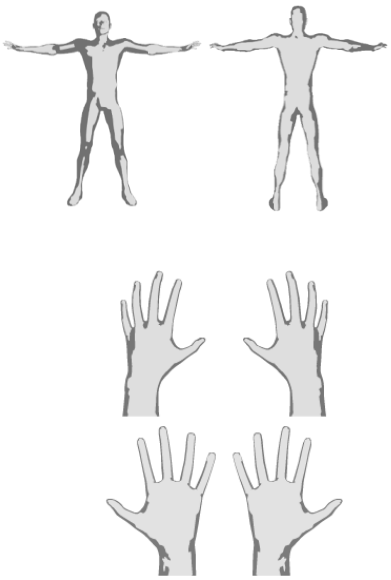
Department:		☐ Near Miss ☐ First Aid Injury ☐ Medical Injury ☐ Illness			
Name:		Date of Incident		Time of Incident	
Position:		☐ Public ☐ Staff ☐ Visitor ☐ Contractor			
Contact Phone Number:		Did the incident happen: ☐ At work? ☐ Externally?			

Treatment Details: ☐ None ☐ First Aid ☐ Dr ☐Physio ☐ Hospital ☐ Other:

Injury Details – Body Part

Shade/circle the part of the body that is injured.

Front **Back**



Injury Type (☑) More than one item can be selected.	
☐ Early report of discomfort (DPI)	☐ Dental Injury
☐ Aches/Pain (gradual)	☐ Dermatitis
☐ Aches/Pain (sudden)	☐ Dislocation
☐ Amputation	☐ Fatal
☐ Broken Bone	☐ Foreign Body (☐ Eye ☐ Nose ☐ Ear)
☐ Bruising (incl. crushing)	☐ Inhalation Disease (Asbestos/Lead)
☐ Burn/Scald	☐ Hearing loss (Noise Induced)
☐ Chemical reaction	☐ Poisoning
☐ Choking/Suffocation	☐ Strain/Sprain
☐ Concussion/Head Injury	☐ Multiple Injuries
☐ Cut (infected)	☐ Property Damage
☐ Cut (not infected)	☐ Other

What happened?

What do you think caused or contributed to the incident? (Ask why 5 times)

Injured/Affected Person's Signature:	**Date:**

P.T.O

Step 2: Manager to complete

Information Collection

Write down what you have found out about the injury/incident.

Analysis

List the factors and hazards that contributed to the incident/injury.

Action

What action needs to be taken to prevent a similar incident/injury happening again?

Is this injury a Serious Harm? ☐ Yes ☐ No

(if yes, **the Director or delegate** will report to the DoL as soon as possible on 0800 20 90 20 and in writing on the prescribed form within 7 days.

Signed: **Date:**

Step 3: Director to complete ***(note: consider potential impact of identified cause and controls on other employees/clients)***

Comments:

Signed:	Date:

Step 4: Health and Safety Co-ordinator to complete ***(return a copy of the completed form to the client if requried)***

☐	All Actions Completed?	☐	Relevant Personnel Notified?	☐	Incident Register Updated

Comments:

Signed:	Date: