

Green Folder Document Control
Section 10 Incident Reporting

Section	GF 10	Document initiated by	Green Folder Committee
Revision No.	001	Document drafted by	Green Folder Committee
Date document implemented	26 th August 2013	Responsibility for implementation	Line Management
Original Issued by	H&S Officer	Review Date	1 year after implementation
Document reviewed by	Line Management		
Date	Revision No.	Details of Amendment	

10. Incident Reporting

The incident reporting form is unchanged.

The addition and use of a new draft incident follow up form is being introduced

Donegal Local Authorities	Incident Report Form
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NB: If completing this form electronically, entries can only be made in the shaded areas. Shaded rectangles will expand to fit the text entered. Clicking on a tick box will enter an "x" in the box.

Type of incident:

<input type="checkbox"/> Health complaint due to work activity	<input type="checkbox"/> Accident causing injury
<input type="checkbox"/> Damage to property or equipment	<input type="checkbox"/> Dangerous Occurrence
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Violent or threatening behaviour

Location of Incident:	Date of incident: dd/mm/yy	Time: 0000
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Complaint/Description of incident: (Give a brief account of what was happening before the incident/accident and what went wrong)

PLEASE DO NOT IDENTIFY INDIVIDUALS INVOLVED BY NAME

Details of Injury: (If someone was injured, please provide the following details if known)

Were they	Did they
<input type="checkbox"/> An Employee	<input type="checkbox"/> Require medical treatment
<input type="checkbox"/> A Contractor	Are likely to be unable to return to work for:
<input type="checkbox"/> A Member of Public	<input type="checkbox"/> Less than 3 days <input type="checkbox"/> More than 3 days

Directorate:	Reported by (Supervisor) :	Date Reported: dd/mm/yy
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Donegal LA Incident Investigation Form		
A. Appropriate Line Manager carrying out investigation in conjunction with Safety Officer		
Line Manager:	Safety Officer:	
Date of Incident:	Incident Number:	
Name of Witnesses that were spoken to and any other relevant personnel (attach statements & photographs as necessary)		
B. Accident / Incident Findings		
After a review of all facts, what was the unsafe work practice, unsafe plant /equipment or unsafe system of work or other factors i.e. People and Environment that contributed to the incident		
C. Corrective Actions:		
Identify corrective actions that need to be taken to prevent similar incidents		
Corrective Action	Responsible Person	Date Implemented
D. Communication of Incident		
This Incident can only be concluded when corrective actions are implemented and communicated to all relevant employees in the relevant Directorates		
<p style="text-align: center;">Concluded <input type="checkbox"/> Yes</p>		
E. Signature of Appropriate Line Manager:		
<p>Date</p>		