Carndonagh Community School
Accident or Incident Record Form

Accident or Incident Record Form

INJURED PARTY DETAILS:

Surname:______________________First Name(s): ______________________________

Address (Home/Company): ____

____

D.O.B.:_______________________ Sex: Male/Female ___________________

Status (Please tick appropriate box)

☐ Pupil ☐ Teacher/staff member ☐ Visitor ☐ Contractor

Other (please specify):

____

Date of Accident/Incident: _____________________________

Date Accident/Incident reported to school management: ______________________________

Where appropriate, more then one box in each section may be ticked.

TYPE OF ACCIDENT

TYPE OF ACCIDENT	Tick
Injured/damaged by a person	
Struck by/contact with	
Caught in/under	
Slip/trip/fall	
Sharps	
Road Traffic Accident/Crash	
Exposuretosubstances/environments	
Manual handling	
Property damage	

MAIN AGENT WHICH CAUSED ACCIDENT:

TYPE OF INJURY

TYPE OF INJURY	Tick
Fatality	
Bruise	
Concussion	
Internal injury	
Abrasion, graze	
Fracture	
Sprain	
Torn ligaments	
Burns	
Scalds	
Frostbite	
Injuryu not ascertained	
Trauma	
Occupational disease	
Other (Please specify)	

PART OF BODY INJURED

PART OF BODY INJURED	Tick
Head (except eyes)	
Eyes	
Face	
Neck, back, spine	
Chest, abdomen	
Shoulder	
Upper arm	
Elbow	
Lower arm, wrist	
Hand	
Finger (one or more)	
Hip joint, thigh, kneecap	
Knee joint	
Lower leg	
Ankle	
Foot	
Toe (one or more)	
Multiple injuries	
Trauma, shock	
Other(Please specify)	

Tool 5: Accident or Incident Record Form cont'd.

Consequences	Result	Anticipated absence
☐ Fatal	☐ Sick Leave	☐ 1-4 days
	☐ Excused	☐ 4-7days
☐ Non-fatal	☐ Light Duty	☐ 8-14 days
	☐ Medicine	☐ More than 14 days
		☐ NONE, i.e. no anticipated absence on resulting from the accident or incident.

Has the accident been reported to the Health and Safety Authority? (See note below) ☐ Yes ☐ No ☐ Not applicable

Community and Comprehensive Schools should report all incidents to the State Claims Agency. ☐ Yes ☐ No ☐ Not applicable

Have you informed your insurance company? ☐ Yes ☐ No ☐ Not applicable

DETAILED DESCRIPTION OF ACCIDENT/INCIDENT Give a full description of:

- the work/activity being carried out when the accident occurred;
- the equipment in use (if any).

- Detail how the accident occurred.

Attach:

(A) Injured party's report.

(B) Witness list (level of detail required will vary depending on the severity of the accident).

(C) Witness statements (level of detail required will vary depending on the severity of the accident).

(D) Sketch or photograph of the scene, equipment etc. where appropriate.

Investigating staff member: ______________________________

Name (Use capital letters): ______________________________

Signature: ______________________

Date: ________________

Note 1: Certain accidents must be reported to the Health and Safety Authority. Reportable accidents are all workplace fatalities and those accidents where a person is injured in the course of their employment and cannot perform their normal work for more than 3 calendar days, not including the day of the accident. A death, or an injury that requires treatment by a registered medical practitioner, which does not occur while a person is at work, but is related to either a work activity or their place of work is also reportable. Accidents may be reported on the Health and Safety Authority's Incident Report Form (IR1) or online at www.hsa.ie Further information can be found in Part 1 of the Guidelines in the FAQ's on Accident Investigating and Reporting.
Note 2: Please ensure all information gathered is in accordance with data protection principals outlined by the Data Protection Commissioner. For further information please log onto www.dataprotection.ie