

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 than one box in each section may be ticked.

TYPE OF ACCIDENT	Tick	MAIN AGENT WHICH CAUSED ACCIDENT:
Injured/damaged by a person	<input type="checkbox"/>	_____
Struck by/contact with	<input type="checkbox"/>	_____
Caught in/under	<input type="checkbox"/>	_____
Slip/trip/fall	<input type="checkbox"/>	_____
Sharps	<input type="checkbox"/>	_____
Road Traffic Accident/Crash	<input type="checkbox"/>	_____
Exposure to substances/environments	<input type="checkbox"/>	_____
Manual handling	<input type="checkbox"/>	
Property damage	<input type="checkbox"/>	

TYPE OF INJURY	Tick	PART OF BODY INJURED	Tick
Fatality	<input type="checkbox"/>	Head (except eyes)	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	Face	<input type="checkbox"/>
Internal injury	<input type="checkbox"/>	Neck, back, spine	<input type="checkbox"/>
Abrasion, graze	<input type="checkbox"/>	Chest, abdomen	<input type="checkbox"/>
Fracture	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	Upper arm	<input type="checkbox"/>
Torn ligaments	<input type="checkbox"/>	Elbow	<input type="checkbox"/>
Burns	<input type="checkbox"/>	Lower arm, wrist	<input type="checkbox"/>
Scalds	<input type="checkbox"/>	Hand	<input type="checkbox"/>
Frostbite	<input type="checkbox"/>	Finger (one or more)	<input type="checkbox"/>
Injury not ascertained	<input type="checkbox"/>	Hip joint, thigh, kneecap	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	Knee joint	<input type="checkbox"/>
Occupational disease	<input type="checkbox"/>	Lower leg	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	Ankle	<input type="checkbox"/>
		Foot	<input type="checkbox"/>
		Toe (one or more)	<input type="checkbox"/>
		Multiple injuries	<input type="checkbox"/>
		Trauma, shock	<input type="checkbox"/>
		Other (Please specify)	<input type="checkbox"/>

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

Consequences

Fatal

Non-fatal

Result

Sick Leave

Excused

Light Duty

Medicine

Anticipated absence

1-4 days°

4-7days

8-14 days

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