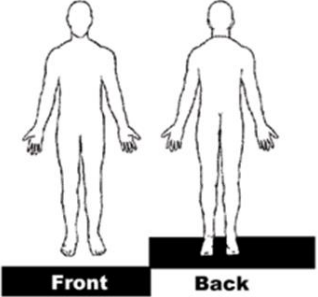


Northumberland County Council

Accident/Near Miss Report Form

Private and Confidential

Please refer to guidance note ACC1-G before completion and retain a copy of this form on site. Please complete all fields in the form as appropriate. After the form has been completed and signed by the appropriate officer(s) it should then be submitted to the Corporate Health and Safety Team at County Hall.

Directorate		Department		Service	
Establishment/Base (e.g. School, ATC, Depot)					
Injured person Surname			Address of injured person (or address of employer if contractor) Post code Tel no.		
Forename(s)					
Sex: M/F Age:					
Date of accident		Time of accident		Date reported	
Time reported					
To whom was the incident reported? Name:			Occupation of injured/affected person (indicate if agency worker)		Payroll no
Position:					
If an injury has been sustained, please state the precise nature of injury and mark on the body map provided below the part of the body injured. If reporting a near miss please confirm that no injury was sustained.					
Where did the accident occur?		Is the accident reportable to the HSE? Y/N If Yes please enter the notification number here:		Was first aid given? Y/N If Yes provide details in the box below	
Accurately describe the circumstances of the incident and provide details of any vehicles, equipment or tools involved. Please attach a photograph if appropriate. If an injury is sustained provide details of the cause and indicate the first aid treatment rendered. If the injured person has been hospitalised, say where and when.					
Does the incident warrant a review of task-specific risk assessments? Y/N					
Where no risk assessment exists does one need to be produced? Y/N					
Action taken to prevent a recurrence of accident. Please attach an accident investigation report (ACC2) where appropriate					
Name and address of witness					
Employee Incidents Only (Managers should ensure that any lost time is logged as an "Industrial Injury" via the sickness reporting procedure)					
Is the injured person absent from work? Y/N Date of ceasing work: Time of ceasing work:					
If No , is absence anticipated? Y/N					
Normal working hours on day of accident: From: To:				Was the person doing something authorised or permitted for the purpose of his/her work? Y/N	
Date	Name/Signature of Employee: (If employee or contractor incident)			Name/counter signature of Chief Officer of Directorate or authorised officer (where applicable)	
Date	Name/Signature of Manager/Supervisor:				