

Initial Incident Report (IIR)

This form is to be completed by the supervisor / manager or other authorised person in the event of any incident that occurs in relation to Council business activity.

The details provided on this form will form part of any incident investigation and may be disclosed to third parties or a court of law. If an area of the form is unavailable at time of completion, please mark as either N/A or UNKNOWN.

SECTION 1 – Disclosable to injured person upon request

Service						Incident reference No. (refer to Airsweb)	
Contract or project name & / No.							
Event type							
Injury	Occupational illness	Environment	Incident	Service strike	Enforcement activity	Near miss	
Event sub-type (Refer to Airsweb for selection of sub- type)							
Person reporting							
Name of person reporting							
Employer name							
Contact details and telephone No.		Tel No.				Email	
About the affected person (if applicable)							
Name					Employee ID		
Type of person (✓)		Agency FLM or supervisor			Council direct staff		
		Agency operative			Member of public		
		Joint venture staff			Subcontractor		
		Council direct operative			Visitor		
Address							
Employer name							
Department							
Date of birth				Age			
Gender				Supervisor name			
Was affected person hospitalised overnight?				Was treatment away from worksite required?			
Name and address where affected person was treated?							
Emergency & specialist response (if applicable)							
None req'd				Taken to Hospital as a precaution			
First aid given on site				Treated in Hospital			
Sent to GP / Walk-in centre				Spill kit used on site			
Other				Drugs & Alcohol test			
				Admitted to Hospital under 24 hours			
				Admitted to Hospital over 24 hours			
				called for spill response assistance			
				Taken to hospital by ambulance			

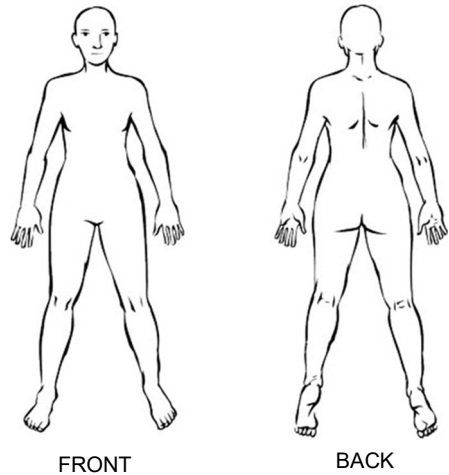
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Details of event									
Date & time of event					Date & time reported				
Project / depot									
Location (full address)									
Specific location									
Details of actual task being undertaken at the time									
Details of relevant control measures identified during task planning									
Description of the Event									
Immediate remedial actions taken									
Weather Conditions at time of incident (✓)					Lighting levels at time of incident (✓)				
Dry					Very Bright				
Wet					Bright				
Warm					Normal				
Cold					Dull				
Windy					Dark				
Snow / ice					Very Dark				
Part of body affected (✓)									
Arm		Foot including ankle		Hand		Head / neck		Leg	
Torso									
Injury type (✓)									
Amputation		Burn (chemical)		Burn (non-chemical)		Cut/abrasion/graze/tear			
Dislocation		Electric Shock		Fracture/crack/break		Heart attack/cardiac arrest			
Inhalation		Ingestion		Musculoskeletal		Puncture wound			
Skin irritation/rash/redness		Soft tissue damage		Stress/psychological		Sprain/Strain			

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Description:

Mark affected body to denote location of all injuries



Injured persons declaration

By signing this box I agree the above to be a true & accurate record of events & give my consent to my employer to disclose my personal information & details of the accident, which appear on this form to safety representatives and representatives of employee safety to help them carry out health & safety function given to them by law.

Print Name	Signature	Date

Person completing form

Print Name	Signature	Date

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Section 2: This section of the form is not disclosable.

Details of damage / near miss / environmental incident (including ecology / archaeology / protected buildings / water courses / drainage etc.)			
Dropped / falling objects		Pollution	
PPE		Waste	
Welfare		Nuisance	
U/G services		Damage to ecology / archaeology	
Housekeeping		Damage to watercourse	
Fire		Property	
Manual Handling		Plant	
Work at height		Vehicles	
Plant / equipment		Equipment	
Vehicles		Other	
Description: 			
Name of witnesses or others involved (include details of persons in the area that did not witness the actual incident and those responsible for planning the task and putting the relevant team to work, as they may be able to provide other useful information)			
Name and contact details	For cause drugs & alcohol test		Position or member of public:
	Y	N	

Vehicles – complete only if a vehicle was involved							
Work-related		Yes			No		
Accident type (✓)							
Act of nature		Person struck by car		Car struck while parked		Debris or other non-accident damage	
Hit a pedestrian		Rear ended		Single car accident		Struck animal	
Struck another car		Struck parked car or tree		Theft of car/theft of parts		Vandalism	
Windshield or glass		Other					
Was a police report filed?				Yes			No
Occurrence Or Case Number							
Preventable (Failed to exercise reasonable and prudent care)				Yes			No

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Vehicle type (✓)							
Car		Cycle		Motorbike		People carrier	
Taxi		Truck		Van		Other	

Vehicle registration				
Stolen	Yes		No	

Driver type (✓)							
Agency FLM or supervisor		Agency operative		Joint venture staff		Council direct operative	
Council direct staff		Member of public		Subcontractor		Visitor	
Driver name or description if not known							
Driver Phone Number							
Damage description							

Investigation
Investigation findings

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Event causation							
Kind of event (✓)							
Trapped by something collapsing		Contact with electricity		Contact with machinery		Drowned or asphyxiated	
Exposed to explosion		Exposed to fire		Exposed to harmful substance		Fall from height	
Injured by animal		Lifting/ handling injury		Physical assault		Slip, trip, fall same level	
Struck against		Struck by moving vehicle		Struck by object		Another kind of accident	
Other (please describe)							
Cause analysis – refer to AIRSWEB guidance							

Learning event	Yes		No	
Lessons learned details				

Additional documentation accompanying this report	
Number of Witness statements:	
Number of photos (please insert ID no of each photo)	
Other documents (give detail)	

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Event severity details							
Reportable to HSE, EA or other agency?				Legally reportable			Include in statistics
Expected lost workdays		Actual lost workdays		Expected restricted workdays		Actual restricted workdays	
Return to work date							
Actual severity rating				Potential severity rating			
Use matrix below to determine actual & potential severity ratings							

Injury	Damage / Outcome	No. of people foreseeably at risk				
		0	1	2-10	11-100	>100
Cut Strain Minor Burn	Miscellaneous Minor Damage Minor Environment	A1	B1	C1	D1	E1
Severe Cut Eye Chemical Burn Broken Bone 3rd Degree Burn	Smoke or Minor Fire Minor Chemical Spill/Leak Small Environmental	A2	B2	C2	D2	E2
Loss of Consciousness Internal Injury Amputation Loss of Eye Respiratory Injury Head Injury Fracture of Major Bone	Fire Gas Release Major Chemical Spill Moderate Environment Local Neighbourhood	A3	B3	C3	D3	E3
Fatality Permanent Disability	Explosion (Limited Damage) Significant Loss (Plant/Process) High Environmental beyond local	A4	B4	C4	D4	E4
Multiple fatalities	Explosion (Major Damage) Major Loss (Plant/Process) Very high environmental regional or global	A5	B5	C5	D5	E5

Key

Minor Damage	< £500	Damage	< £5,000	Serious Damage	< £500,000	Significant Damage	< £5,000,000	Major Damage	> £5,000,000
Low Potential			Serious Potential			Major Potential			

Investigator's name		Signed	
Position		Investigation sign off date	

Tick which level of investigation is required (see incident investigation table in section 7 of incident investigation standard).

Level 1		Level 2		Level 3	
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SHE Team Sign Off			
SHE Manager/Advisor name		Signed	
Position		SHE Team sign off date	