HS F03 Data Capture Form

Print and complete this form when you do not have immediate access to the [Safety Portal](https://apps.powerapps.com/play/e/23887881-08ae-44f8-b048-dd13d14a8e2b/a/809be719-a0f2-4f04-ba20-a10ed048f0a2?tenantId=b524f606-f77a-4aa2-8da2-fe70343b0cce&hint=863353b9-f118-41cc-8c79-c2f7ad73f02e&sourcetime=1717510346178). Once filled in, the information must then be transferred to the [Incident Reporting app](https://apps.powerapps.com/play/e/23887881-08ae-44f8-b048-dd13d14a8e2b/a/da0b5171-0c29-4b37-aa80-15aef1941646?tenantId=b524f606-f77a-4aa2-8da2-fe70343b0cce&hint=85e5de62-b48c-482d-9029-d5db8fe505ec&sourcetime=1718371830400) on the Safety Portal. This form is not to be sent to the Health and Safety Service as we do not record incidents.

**Incident Details**

|  |  |
| --- | --- |
| **Who is reporting the incident?** |  |
| **Reporting Person Contact Details** |  |
| **Incident Type** | Accident/IncidentNear MissProperty/Vehicle Damage |
| **Incident Sub Type** |  |
| **Further Description** |  |
| **Date/Time of incident** |  |
| **Location Address or Latitude/Longitude** |  |
| **Was the incident reported to an outside organisation? Such as Police or Fire Service** | Yes/No |
| **Which organisations? Crime ref no.** |  |
| **Did the incident involve a vehicle?** | Yes/No |
| **Vehicle Type** | Personal/Fleet/Hire/Other |
| **Vehicle Details** |  |
| **Did the incident involve machinery/tools/equipment?** | Yes/No |
| **Machinery/tool/equipment Type** |  |
| **Was the incident an act of violence or aggression?** | Yes/No |
| **Do you consider the incident to be motivated by any of the following?** | Age/Disability/Gender reassignment/Marriage and civil partnership/Pregnancy and maternity/Race/Religion or belief/Sex/Sexual Harassment/Sexual orientation |
| **Do you believe the property/vehicle damage was motivated by any of the following?** | Accidental damage/Arson/Explosion/Fire/Forced Entry/Impact/Malicious Damage/Water/NA |
| **Manager Responsible for investigation** |  |

 **Person(s) Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Person 1** | **Person 2** | **Person 3** | **Person 4** |
| **Please select how the person is involved** | Aggressor/Injured Party/Other/Perpetrator/Witness | Aggressor/Injured Party/Other/Perpetrator/Witness | Aggressor/Injured Party/Other/Perpetrator/Witness | Aggressor/Injured Party/Other/Perpetrator/Witness |
| **Please select type** | Contractor/Employee/Member of public/Other/Pupil/Service User/Tenant/Volunteer | Contractor/Employee/Member of public/Other/Pupil/Service User/Tenant/Volunteer | Contractor/Employee/Member of public/Other/Pupil/Service User/Tenant/Volunteer | Contractor/Employee/Member of public/Other/Pupil/Service User/Tenant/Volunteer |
| **Name** |  |  |  |  |
| **DOB (if known)** |  |  |  |  |
| **Do you believe the person to be under 18 years of age?** | Yes/No | Yes/No | Yes/No | Yes/No |
| **Contact Details** |  |  |  |  |
| **Was it a physical injury or wellbeing (stress/psychological anxiety)?** | Injury/Wellbeing | Injury/Wellbeing | Injury/Wellbeing | Injury/Wellbeing |
| **Injury Type** |  |  |  |  |
| **Injury Description** |  |  |  |  |
| **Did the injured party receive First Aid treatment?** | Yes/No | Yes/No | Yes/No | Yes/No |
| **What First Aid treatment was given?** |  |  |  |  |
| **Who was the First Aider?** |  |  |  |  |
| **If employee has it resulted in absence** | Yes/No | Yes/No | Yes/No | Yes/No |
| **Absence dates** |  |  |  |  |
| **Did the injured party go straight to hospital?** | Yes/No | Yes/No | Yes/No | Yes/No |
| **Additional Comments** |  |  |  |  |

 **Investigation Details**

|  |  |
| --- | --- |
| **Incident Severity** | Insignificant/Minor/Moderate/Major/Catastrophic |
| **Is the incident RIDDOR reportable?** | Yes/No |
| **Does the incident/accident present any immediate hazard, require an area to be isolated/equipment removed from use?** | Yes/No |
| **Describe any remedial actions planned or implemented to help reduce the likelihood of this type of incident reoccurring?** |  |
| **What lessons were learned from the incident?** |  |
| **Please describe the immediate cause(s)** |  |
| **Please describe the underlying cause(s)** |  |
| **Have you updated a Risk Assessment?** | Yes/No |
| **What additional control measures have been applied?** | Elimination – physically remove the hazardSubstitution – replace the hazardEngineering controls – isolate people from the hazardAdministrative controls – change the way people workPPE – protect the worker with equipment |
| **Have you updated a process/procedure?** | Yes/No |
| **Have you taken witness statements/photos to support the investigation?** | Yes/No |
| **Did the incident highlight the need for additional training or PPE required for the activity concerned?** | Yes/No |
| **Where an employee or volunteer has been involved have you ensured you've spoken to them about any changes in procedures and offered support?** | Yes/No |
| **Do you feel your investigation is sufficient and has identified any mitigations that would reduce future occurrence?** | Yes/No |
| **Investigation Notes** |  |

 **Insignificant** - No Treatment Required/Near Miss - minor incident with negligible potential for harm or damage/Verbal remarks that as perceived as mildly offensive/Minor cosmetic damage, no impact on functionality, easy and inexpensive to repair

**Minor** - First Aid Treatment/Near Miss - incident with a noticeable risk of harm or damage but easily avoidable/Verbal remarks that cause some discomfort or annoyance/Noticeable damage affecting minor functionality, more involved but manageable repairs

**Moderate** - Medical Treatment/Lost Time of >3 Working Days/Near Miss - incident with significant potential for harm or damage, requiring immediate corrective action/Verbal remarks causing emotional distress/Significant damage affecting functionality, extensive and costly repairs required

**Major** - Serious Injury/Medical Treatment/Hospitalisation/Lost time (RIDDOR)/Near Miss - incident with extreme potential for harm or major damage, indicating a serious lapse in safety measures/Verbal remarks causing serious emotional harm such as targeted attacks/Extensive damage compromising structural integrity, repairs often uneconomical, potential total loss

**Catastrophic** - Loss of Life/Permanent Disability