



ACCIDENT/INCIDENT/NEAR MISS/ FIRE ALERT REPORTING FORM

East Dunbartonshire Council processes personal data in accordance with the General Data Protection Regulations (EU 2016/679), the Data Protection Act 2018 and all other relevant national data protection laws.

Your personal data will be processed in accordance with the Council's privacy notice for employees which is available at:
<https://www.eastdunbarton.gov.uk/council/privacy-notices>.

For further information on any part of this form please either telephone 0141 574 5528 or 0141 574 3219 or by email to
Health.Safety@eastdunbarton.gov.uk

Section A

Directorate *(select from drop down)*

Strategic Group *(select from drop down)*

Section B - Location of incident

Date of incident

Time of incident

Site/ Office location

Address (Including post code)

Is this location a Council Property?

Yes

☐

No

☐

Section C - About the injured person

Nature of injury:

(state part and side of body affected)

Full name

Address (Including post code)

Telephone (home)

Work location

Work address (Including post code)

Telephone (work)

Occupation

Employee Ref. No.

Age

Continued overleaf



Section C - About the injured person (continued)

Gender Male ☐ Female ☐ Other ☐

Outcome of accident/incident (*select from drop down*)

Status of injured person (*select from drop down*)

Employee has given permission to consent for Trades Unions Representative to view personal details Yes ☐ No ☐

If incident results in any sickness absence please state number of days from the day following the incident, including weekends and rest days

Section D - About the incident

Location

Description of incident and cause

Witness name(s)

Contact number

Section E - About you, the person completing this record

Full name

Home address (Including post code)

Occupation

Work location

Contact number

Section F - Department Manager

Full name

Designation

Date reported

Work base

Work address (Including post code)

Contact number

Continued overleaf

Section F - Department Manager (continued)

ACTION(S) TAKEN TO PREVENT A RECURRENCE: This section **MUST** be completed by Direct Line Management. Please Note: Management are responsible for investigation, identifying root cause and implementing adequate control measures to prevent a re-occurrence of accident/incident.

Section G - Supporting information provided (if relevant)

Risk Assessment/Method Statement ☐

Witness Statements ☐

Photographs ☐

Training Certification ☐

Service/Site/Property Induction ☐

Site/Property layout plan ☐

Plant/equipment certification ☐

Other (please specify)

For Health & Safety Team use only

Full list of RIDDOR reportable injuries/diseases is available on THE HUB/IBM CONNECTIONS If classified as "Reportable", incident must be reported to HSE within 15 Days of occurrence. Please forward form to Health & Safety Team immediately upon completion but no later than 10 days after the date of the accident. Line Management are required to contact the H&S Team on the 8th day of absence for all work related injuries.

Is this incident reportable under RIDDOR (check boxes as appropriate):

Yes ☐

Reason Hospitalisation (over 24hours) ☐

Less than 7 days absence not including day of accident
(state number of days):

Date accident form F2508/F2508A completed by Health & Safety Team.

Information only ☐

Log onto system ☐

Report to Health and Safety executive (H.S.E)

F2508 ☐

F2508A ☐

Investigate ☐

Accident/ incident category

Summary