

SECTION 4: MANAGEMENT USE: ACCIDENT OR INCIDENT REVIEW

(To be completed by Manager/Supervisor/Lecturer)

Please describe the precautions you have in place to prevent such an accident or incident, if any.

Prior to the accident or incident had a risk assessment for the activity which caused the accident / incident been undertaken. If so it is being reviewed in light of the event?

Yes No

If No, please explain what action is being taken to prevent a reoccurrence

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If the accident or incident relates to a member of staff; has the incident resulted in the member of staff being absent from work?

Yes No

If Yes; Please specify the number of days lost

Declaration:

Name of manager completing and signing off the report	Signature	Date

Please send completed form to your Health and Safety Practitioner as soon as practicable

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To Be Completed by the Health and Safety Practitioner, Please Confirm:

Member of Staff /Student/ Contractor/ Other	
Minor/ Serious / Major	
Root Cause of Accident or Incident	
Organisational Unit	
Place	