

# Rose Education Provision

*Rose Education Pro*



## **Accident/Incident Investigation and Reporting Policy and Procedure**

**July 2026**

## 1 **Background and Purpose**

This policy forms part of and should be read in conjunction with the Health and Safety Policy. It is designed to confirm how Rose Education Provision will address the requirements to investigate and report accidents for reactive monitoring purposes so as to gather and process information to assist in the prevention or control the hazards and risks presented to its staff, students and where appropriate members of the public and thereby comply on behalf of Leicester City Council with statutory and civil requirements including the provisions of The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The policy requires all managers, on behalf of the school to:

- i. ensure all accidents/incidents occurring in their area of control are subject to an appropriate level of investigation in accordance with this policy and procedure;
- ii. ensure all accidents/incidents occurring in their area of control are reported in accordance with this policy and procedure;
- iii. ensure all diseases and work-related conditions specified in RIDDOR are subject to investigation by the appropriate line manager and reported in accordance with this policy and procedure as appropriate;
- iv. review all relevant health and safety assessments following an accident or incident as necessary to ensure they remain valid;
- v. implement the appropriate preventive and protective risk control measures, including the provision of training and information necessary to prevent or at least reduce the to the lowest reasonably practicable level the likelihood of the accident/incident reoccurring;
- vi. Use the information and data obtained via the investigation and reporting of accidents/incidents as part of the overall school review of the management of health and safety.

To ensure a uniform approach is taken to accident/incident investigation and reporting and to assist managers in this process a school procedure has been formulated. This document identifies the methodology to be followed when investigating accidents/incidents and the format for recording the findings, training for managers in applying this standard will be regularly available.

## 2 **Organisational Scope**

This policy applies to all existing and proposed on and off-site activities.

Students for the purposes of the relevant legislation are deemed as “members of the public” this taken with the specific relationship with the School means they fall within the scope of RIDDOR for accident/incident reporting purposes and therefore this Accident/Incident Investigation and Reporting Procedure.

Accidents/incidents involving members of the public fall within the scope of the policy and therefore require to be investigated and reported in accordance with this procedure.

All external agents, contractors and employers operating on school premises or engaged in or affected by school activities will be expected to have suitable and sufficient procedures for accident/incident investigation and reporting which include the provision of the results of the investigation and copies of any resulting F2508 reports made. Any manager entering a contract or supervising activities involving external agents, contractors and employers must ensure these requirements are met.

### 3 **Definitions:**

#### **Accident/Incident**

For the purpose of RIDDOR, an accident is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work

#### **Member of the Public**

Any person affected by school premises or activities who is not an employee of Rose Education Provision or another employer operating on school premises, the term includes students.

#### **Accident Investigation**

The term used to describe the gathering of information following an accident/incident, the level of investigation will be determined by the nature and severity of the event.

#### **Accident Report**

A record of the event detailing all relevant information using the accident log book

#### **RIDDOR Report**

Reports required by the regulations for specific accidents/incidents which have to be submitted to the Health and Safety Executive on forms F2508 and F2508A, these reports are made by nominated Officers of the Council using the information contained in the approved-on line form SO2.

### 4 **Policy statement**

This school readily accepts the need to investigate accidents and incidents and recognises the benefits that accrue from the use of such a method with regard to the management of health and safety.

The school will produce the report forms and guidance on all relevant aspects of accident/incident investigation and reporting, and will undertake the production and reporting of all reports required by RIDDOR. They may also instigate accident/incident investigations where in the opinion of the relevant Officer a formal investigation is required.

The school management will collect and collate all accident/incident related data and produce statistical analysis for use by management as part of their arrangements for reactive monitoring of the safety management system

The school readily accepts the right of Union appointed Safety Representatives to investigate accidents involving or potentially affecting their members. The statistical information gathered will also be routinely and regularly presented at meetings of the Health and Safety Committee.

All staff have responsibility under this policy, and the main school Health and Safety Policy, to report to their line manager all accidents and incidents involving themselves or students and other persons in their charge, and cooperate with any resulting investigation.

## **5. Records**

The Head of School will maintain a record of all accidents/incidents reported (minimum 3 years) and any statistical analyses produced to assist in future reviews.

Copies of all accident/incident forms produced by external agents, contractors and employers operating on school premises or engaged in, or affected by, school activities will be held by the school and copied to the appropriate agency.

Where the accident/incident resulted in formal investigation, copies of the resulting reports will be stored with the relevant accident/incident forms.

Due to the nature of the information contained in such reports they should be securely stored with access restricted.

Records of incidents covered by RIDDOR are important to ensure that the school management collect sufficient information to manage health and safety risks and aid to risk assessments, helping to develop solutions to potential risks. Records help to prevent injuries and ill health, and control costs from accident loss.

## **6 Monitoring**

The operation of this policy will be subject to review bi-annually as part of the overall review of the safety management system.

## **REPORTING PROCEDURES**

Death, major injuries, members of the public (including students) being taken directly to hospital and specified dangerous occurrences must be reported immediately by telephone to the Head of School. All incidents must be logged on the school accident report book

The above events and the following:

- Accidents that result in injury
- Near misses
- Violent incidents involving staff
- Work related ill health
- Incidents resulting in property damage

are to be formally reported by completing and returning within 3 days the appropriate 'Accident/Incident Report Form SO2', in accordance with the instructions detailed below:

### **Responsibility for Accident and Incident Reporting**

Members of staff are responsible for completing the SO2 report form (Appendix 1) and for notifying the Head of School who is responsible for collating the relevant details and forwarding the form to the Local Authority Health and Safety Team. This can be completed online or a paper copy which is kept in the Head of Schools office.

[lcc.info-exchange.com/school incidents](http://lcc.info-exchange.com/school_incidents)

If a First Aider is involved, then the responsibility for reporting and completing the SO2 documentation rests with the First Aider.

If it is an incapacitating/major accident to a member of staff and no First Aider is involved, then a "Colleague" of the staff member (or the person who discovers them and/or is assisting them) has the responsibility for reporting and completing the SO2 documentation.

If it is a minor injury to staff, not involving a First Aider, then the injured person has the responsibility for reporting and completing the SO2 documentation.

If it is the observation of a Dangerous Occurrence, then the witness has the responsibility for reporting and completing the SO2 documentation.

If it is a student who is injured, whilst under the control of a member of staff and a First Aider is not involved, then the member of staff in control of the student at the time of the accident has the responsibility for reporting and completing the SO2 documentation.

Any member of staff finding, or assisting, another member of staff, or a student, who has suffered an accident, has a duty to report the accident and complete the documentation, even if the description of the circumstance is not covered as in the above.

Generally, we are not responsible for reporting accidents that occur offsite, unless the accident arises as a direct consequence of an "Authorised Activity", for example on an Educational Visit. (If you are in any doubt as to if an accident requires reporting, it is best practice to "over" report, rather than "under" report).

The SO2 form should be used to report any accident and/or incident involving students, staff, visitors or contractors on site. Filling in this form is essential to assist compliance with mandatory legislation under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

**Satisfactory completion of this form is essential.**

**Failure to follow the procedures detailed could lead to legal action being instigated against the school by the Health & Safety Executive and disciplinary action against members of staff.**

**The forms can be obtained from the Head of Schools office who will ensure that an adequate supply is available at all times.**

### **Over-three-day injury**

If there is an accident connected with work (including an act of physical violence) that affects a member of staff, or a self-employed person working within our premises, such that they suffer an over-three-day injury (see below), then this must be reported to the Departmental Health and Safety Team who are required to notify the HSE by sending a completed accident report form to the enforcing authority within ten days.

An “over-three-day” injury is one which is not a “major injury” but results in the injured person being away from work **or** unable to do the full range of their normal duties for more than three days (including any days they wouldn’t normally be expected to work such as weekends, rest days or holidays) not counting the day of the injury itself.

You do not need to report over three-day injuries, unless the incapacitation period goes on to exceed seven days

## **Definition of major injuries, dangerous occurrences and diseases**

### **Types of reportable injury**

#### **Deaths**

All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not relate from a work-related accident.

### **Specified injuries to workers**

The list of specified injuries in RIDDOR 2013 (Regulation 4) includes;

- A fracture, other than to a finger, thumbs and toes;
- Amputation of an arm, hand, finger, thumb, leg, foot or toe;
- Permanent loss of sight or reduction of sight;
- Crush injuries leading to internal organ damage;
- Serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- Scalping (separation of skin from the head) which require hospital treatment;
- Unconsciousness caused by head injury or asphyxia;
- Any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

## **Over-seven-day injuries to workers**

This is where an employee, is away from work or unable to perform their normal duties for more than seven consecutive days (not including the day of the accident)

In the event that any of the above should occur to a member of staff, then the Council must notify the enforcing authority, without delay (e.g. by telephone), and within ten days it must follow this up with a completed accident report form. It is therefore essential that all staff involved with these procedures undertake their respective duties in a swift and efficient manner, as failure to do so may result in the school being in breach of its legal responsibilities

## **Work Related Disease**

If a doctor confirms that a member of staff is suffering from a reportable work-related disease, directly linked to their work, the Head of school must complete an accident report form SO2 (Appendix 1) The Departmental Health and Safety Team will be required to complete and send a disease report form to the enforcing authority.

### **Reportable occupational diseases include:**

- Carpal tunnel syndrome;
- Severe cramp of the hand or forearm;
- Occupational dermatitis;
- Hand-arm vibration syndrome;
- Occupational asthma;
- Tendonitis or tenosynovitis of the hand or forearm;
- Any occupational cancer;
- Any disease attributed to an occupational exposure to a biological agent

## **Reportable diseases**

Regulation 8 requires employers and self-employed people to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards. The reportable diseases and associated hazards are set out below.

- **Carpal Tunnel Syndrome:** where the person's work involves regular use of percussive or vibrating tools
- **Cramp of the hand or forearm:** where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm
- **Occupational dermatitis:** where the person's work involves significant or regular exposure to a known skin sensitiser or irritant
- **Hand Arm Vibration Syndrome:** where the person's work involves regular use of percussive or vibrating tools, or holding materials subject to percussive processes, or processes causing vibration
- **Occupational asthma:** where the person's work involves significant or regular exposure to a known respiratory sensitiser
- **Tendonitis or tenosynovitis:** in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements

## **Carpal Tunnel Syndrome**

Carpal Tunnel Syndrome is caused by compression of the median nerve, which controls sensation and movement in the hand. It is not always caused by work-related factors. Typically, workplace risks are associated with the use of hand-held vibrating power tools, such as sanders, grinders, chainsaws etc.

## **Cramp of the hand or forearm**

Where cramp is so severe as to lead to a clinical diagnosis, it can be severely debilitating, and impair a person's ability to carry out their normal work. This condition is reportable when it is chronic, and is associated with repetitive work movements. The condition is usually characterised by a person being unable to carry out a sequence of what were previously well co-ordinated movements.

An acute incident of cramp which may take place in the course of work is not reportable.

## **Occupational dermatitis**

Dermatitis is reportable when associated with work-related exposure to any chemical or biological irritant or sensitising agent. In particular, this includes any chemical with the warning 'may cause sensitisation by skin contact', or 'irritating to the skin'. Epoxy resins, latex, rubber chemicals, soaps and cleaners, metalworking fluids, cement, wet work, enzymes and wood can all cause dermatitis. Corrosive and irritating chemicals also lead to dermatitis. Construction work, health service work, rubber making, printing, paint spraying, agriculture, horticulture, electroplating, cleaning, catering, hairdressing and florists are all associated with dermatitis.

Dermatitis can be caused by exposure to a range of common agents found outside the workplace. If there is good evidence that the condition has been caused solely by such exposure rather than by exposure to an agent at work, it is not reportable.

## **Hand Arm Vibration Syndrome**

Workers whose hands are regularly exposed to high vibration, e.g. in industries where vibratory tools and machines are used, may suffer from impaired blood circulation and damage to the nerves in the hand and arm; the disease is known as 'hand-arm vibration syndrome'. Other names used in industry include vibration white finger, dead finger, dead hand and white finger. Typically, workplace risks are associated with the use of hand-held vibrating power tools, such as percussive drills and hammers, rotary grinders and sanders, chainsaws etc. Risks are also associated with holding materials which vibrate while being processed by powered machinery such as pedestal grinders, riveting machines, rotary polishers etc.

## **Occupational asthma**

Asthma is reportable when associated with work-related exposure to any respiratory sensitiser. In particular, this will include any chemical with the warning 'may cause sensitisation by inhalation'. Known respiratory sensitisers include epoxy resin fumes, solder fume, grain dusts, wood dusts and other substances. Asthma is a common condition in the general population.

If there is good evidence that the condition was pre-existing, and was neither exacerbated nor triggered by exposure at work, the condition is not reportable.



### **Tendonitis and tenosynovitis**

Tendonitis and tenosynovitis are types of tendon injury. Tendonitis means inflammation of a tendon, and tenosynovitis means inflammation of the sheath (synovium) that surrounds a tendon. Workers who undertake physically demanding, repetitive work are at increased risk of developing these conditions. Physically demanding work includes (but is not restricted to) tasks involving repeated lifting and manipulation of objects (e.g. block-laying and assembly line work), and activities involving constrained postures or extremes of movement in the hand or wrist.

### **Diagnosis by a doctor**

A reportable disease must be diagnosed by a doctor. Diagnosis includes identifying any new symptoms, or any significant worsening of existing symptoms. For employees, they need to provide the diagnosis in writing to their employer. Doctors are encouraged to use standard wording when describing reportable diseases on written statements they make out for their patients.

### **Work Related Ill Health**

Less serious conditions that potentially could be work related should also be reported by the Head of school using the SO2 form (Appendix 1)

[lcc.info-exchange.com/school incidents](http://lcc.info-exchange.com/school_incidents)

Where the ill health results in absence this should also be recorded on the "Certificate of Sickness Absence" report form.

### **Dangerous Occurrences**

Certain dangerous occurrences (specified incidents that could have resulted in fatal or major injury) must be reported immediately to the Local Authority Health and Safety Team by the Head of School and confirmed within 3 days using form SO2, who will then notify the HSE using the appropriate method. Examples of these occurrences which have to be reported to the 'Enforcing Authority' include:

- The collapse, overturning or failure of a load-bearing parts of lifts and lifting equipment
- Plant or equipment coming into contact with overhead power lines;
- Explosion or fires causing work to be stopped for more than 24 hours

### **Violence and Aggression**

Staff are to report any incident of violence or aggression to them at work to their manager, who should report on form SO2 those that;

- result in employees taking time off as a result of emotional, psychological or physical injury
- involve a physical assault on staff
- involve a written or serious verbal threat
- result in police involvement

- results in a review of service, for example the exclusion of a student etc
- results in the staff member requesting it to be formally recorded

## **Other Incidents**

Unexpected or untoward incidents not detailed elsewhere in this policy/procedure should also be reported by the school using the SO2 form, for example;

- Fires and attempted arson
- Asbestos incidents
- Water borne infections including legionellosis
- Criminal damage
- Security breaches

## **ACCIDENT INVESTIGATION**

Following an accident, the first response will be to deal with the resulting situation by:

- making the situation safe and preventing further injury or damage. If necessary sealing off areas for investigation.
- administering first aid to the injured as necessary
- instigating critical incident procedures as necessary.

After any necessary emergency type action has been taken, a decision can then be made on the level and nature of the investigation required.

Whatever the decision by school management, the Local Authority Health and Safety Team may decide to undertake further investigation.

Not all events will need to be investigated to the same extent or depth, management will assess each event to identify where the most benefit can be obtained, but will pay due regard to the statement above concerning supplementary investigation for fatalities, major injury, any 'dangerous occurrence' (see definitions), or any occurrence that may lead to litigation. The greatest effort will be concentrated on significant events where there has been serious injury, ill health, or loss, as well as those which had the potential to cause the same and also taking account of the potential for litigation.

Accident investigations will aim to:

- identify reasons for sub-standard performance
- identify underlying failures in health and safety management systems
- learn from events
- prevent recurrences
- satisfy legal and reporting requirements.

**The purpose of any investigation is to gather information so as to learn from incidents and not to apportion blame.**

Investigations will be led by someone with the status and knowledge to make authoritative recommendations; usually this will be the Head of School or other advisers may need to be involved if events have serious or potentially serious consequences. Safety representatives may also make a valuable contribution.

A good investigation will be prompt and thorough. It will make written recommendations

and assign any remedial action necessary. There are four steps to the investigation:

1. Collect evidence about what has happened  
[So3-incident-investigation-form-checklist-oct-2021](#)
2. Assemble and consider the evidence
3. Compare the findings with the appropriate standards and guidance, and draw relevant conclusions
4. Implement the findings

Copies of the investigation report and any recommendations made will go to the Health & Safety Committee for information and the relevant manager for action.

HSE website;

[hse-indg453 reporting accidents and incidents at work.pdf](#)

How to report Online Go to [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) and complete the appropriate online report form. The form will then be submitted directly to the RIDDOR database  
You will receive a copy for your records.

Telephone All incidents can be reported online but a telephone service remains for reporting fatal and specified injuries only. Call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm)

[hse-incident reporting](#)

SO2 Form -This can be completed online or a paper copy (See appendix 1) which is kept in the Head of Schools office.

|         |                    |              |           |
|---------|--------------------|--------------|-----------|
| Author: | Miss Sheree Curtis |              |           |
| Date:   | July 2026          |              |           |
| Signed: | S. Curtis          | Review Date: | July 2027 |



# SO2 Incident Notification Form (May 2015)

SO2 Database Ref.

To be completed when the person reporting does not have access to a PC/internet.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Incident Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |
| <b>Date of incident:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Time of incident:</b>                                                                                                                     |
| <b>Unit Team:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |
| <b>What was the incident?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |
| <input type="checkbox"/> An accident that resulted in injury<br><input type="checkbox"/> A case of work-related ill health<br><input type="checkbox"/> A near miss or non-injury incident                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Fire<br>N.B. If this incident relates to a Road Traffic Accident you must also complete a Motor Vehicle Claim Form. |
| <b>Please select ALL that apply for this incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |
| <input type="checkbox"/> An accident/incident involving an employee/member of the public<br><input type="checkbox"/> An accident/incident involving pupils/students that resulted in the injured person receiving or being advised to seek professional medical attention<br><input type="checkbox"/> An accident/incident resulting in a head injury<br><input type="checkbox"/> An accident/incident resulting in a person leaving the site prematurely as a result of injury<br><input type="checkbox"/> An accident/incident that is perceived may give rise to litigation resulted in injury |                                                                                                                                              |
| <b>What there any physical or verbal abuse?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, see additional questions below)                                            |
| <b>Did the incident happen at a Council location?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |
| <b>Details of where the incident occurred (site name, address and location on the site):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |
| <b>Please provide details of any injury sustained, including the exact part(s) of the body injured (if an injury occurred):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |

|                                                                                                                                                                       |                                                                                                                  |                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Person Involved</b>                                                                                                                                                |                                                                                                                  |                                                                  |
| <b>Full name of person involved:</b>                                                                                                                                  | <b>Date of birth</b>                                                                                             | <input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| <b>What was the person involved?</b>                                                                                                                                  |                                                                                                                  |                                                                  |
| <input type="checkbox"/> Employee<br><input type="checkbox"/> Member of the public<br><input type="checkbox"/> Service user<br><input type="checkbox"/> Pupil/Student | <input type="checkbox"/> Apprentice<br><input type="checkbox"/> Contractor<br><input type="checkbox"/> Volunteer |                                                                  |
| <b>Job Title:</b>                                                                                                                                                     | <b>Home address (including postcode)</b>                                                                         |                                                                  |
| <b>Telephone No:</b>                                                                                                                                                  |                                                                                                                  |                                                                  |
| <b>Name of line manager:</b>                                                                                                                                          | <b>E-mail address:</b>                                                                                           |                                                                  |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Incident Details</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |
| <b>Incident Type?</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Fatal injury<br><input type="checkbox"/> Major injury<br><input type="checkbox"/> Minor injury (A&E treatment)<br><input type="checkbox"/> Minor injury (first aid only)<br><input type="checkbox"/> Minor injury (no first aid)<br><input type="checkbox"/> Minor injury (self treated) | <input type="checkbox"/> Absence non-reportable<br><input type="checkbox"/> Member of public taken directly to hospital<br><input type="checkbox"/> Member of public injured but not taken to hospital<br><input type="checkbox"/> More than 7 day injury<br><input type="checkbox"/> More than 3 day injury |

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| <b>What happened?</b> Please describe the events leading up to the incident and the incident itself. |
|------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>If this was a violent incident, please indicate the possible cause:</b>                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Due to dissatisfaction with service? <input type="checkbox"/> Without intent to cause harm<br><input type="checkbox"/> Related to medical/behavioural factors? <input type="checkbox"/> Other/unknown (specify below)<br><input type="checkbox"/> Equalities related (e.g. racially motivated)? |
| <b>Do you have any details of the alleged assailant, e.g. name, address, gender, etc?</b>                                                                                                                                                                                                                                |

|                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| <b>Was this a work activity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| <b>Was PPE being worn at the time of the incident?</b> If so, please detail below..                |
| <b>What were the weather conditions?</b>                                                           |
| <b>Where there any defects to property or equipment that contributed to the incident?</b>          |
| <b>Is CCTV available at the location?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                |
|------------------------------------------------------------------------------------------------|
| <b>First Aid</b>                                                                               |
| <b>Was any medical attention required?</b> If so, please detail below..                        |
| <b>Was first aid treatment given?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                    |
|------------------------------------------------------------------------------------|
| <b>Witnesses</b>                                                                   |
| <b>Were there any witnesses?</b> If so, please give names & contact details below. |

|                                                                   |
|-------------------------------------------------------------------|
| <b>Emergency Services</b> (if relevant)                           |
| <b>Please provide details of any emergency services involved.</b> |
| <b>Police</b> (name of officers, station & reference number):     |
| <b>Paramedics</b> (name & reference number):                      |
| <b>Fire Service</b> (name of fire officer & reference number):    |

|                                                                                                              |                  |             |
|--------------------------------------------------------------------------------------------------------------|------------------|-------------|
| Please sign opposite to show that the information you have supplied is correct to the best of your knowledge | <b>Signature</b> | <b>Date</b> |
|--------------------------------------------------------------------------------------------------------------|------------------|-------------|

**Please pass the completed form to your manager/supervisor for entry into the SO2 Incident database.**

**A signed copy of this form must be kept in a secure location on site.**

If you require any help or assistance please contact the Corporate Health and Safety Team on 0116 454 4300 or [corporatehealthandsafetyteam@leicester.gov.uk](mailto:corporatehealthandsafetyteam@leicester.gov.uk)

**N.B. This form will be handled, stored and disposed of in accordance with relevant information management legislation. Please see the separate information management statement for further details.**