



Incident Report Form

(Accident / Assault / Near miss)

This form is to enable you to quickly capture information following an incident (accident, assault, or near-miss). Please return the completed form to your Office / Business Manager as soon as possible after the incident so that the incident can be logged and actions to prevent a recurrence can be considered.

Line Managers should complete the incident investigation section at the end of the form. This form would not normally to be used for the following incidents:

- Minor injuries to pupils (sports or play related etc)
- Pupil assaulted by another pupil
- Non work-related incidents

Incident summary:

General Incident information	
Location (school)	
Incident date	
Incident time	

Details of the injured person:

(completing this section is a statutory requirement of the RIDDOR regulations for both staff and pupil accidents, and for assaults on staff)

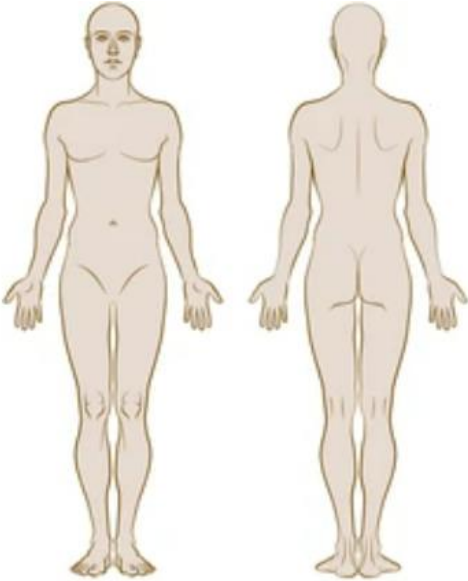
Surname		
First name		
Address		
Postcode		
Contact number		
D.O.B.		
Incident reported to (line manager)		
Who was involved? (the person who was injured or assaulted)	Employee	
	Pupil	
	Member of Public (parent etc)	
	Agency staff	
	Contractor	
Type of incident:	Volunteer or work placement	
	Accident – complete Incident Details and Investigation sections	
	Assault complete Incident Details , Assailant details and Investigation sections	
	Near miss – complete investigation section only	



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Incident Details:

Incident details		
Type of injury (e.g., bruising, sprain, cut etc), or assault		
Apparent cause		
Incident severity – Include any time lost from work if known	No injury	
	Minor – no lost time	
	Possible lost time – up to 7 days	
	Serious/major injury (break/fracture, or over 7 days)	
	High impact assault by pupil on staff member	
	Fatality	
Main parts of the body affected:		
If the incident is an assault, please provide details of the assailant if known		
Incident outcome: tick which applies	First aid administered	
	Taken directly to hospital from scene	
	No treatment given	
	Went to the hospital later on (not from scene)	
	First Aid refused	
	Referred to GP	
	Sent home	



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Incident investigation

(this section must be completed by the injured/assaulted person's line manager, or by a member of SLT as part of the requirements of the Management of Health & Safety at Work regulations)

Incident investigation undertaken?	
Date of investigation (or planned date)	
Name of person completing investigation	
Investigation findings	
Immediate reason for incident	
Underlying reason for incident	
Actions to prevent recurrence	
Following the investigation, was the incident work related? Y/N	

Once complete this form should be uploaded to Every Education