

Report Of An Accident, Injury Or Dangerous Occurrence

Notes

1. This form is for reporting ALL incidents (not including violence), dangerous occurrences and accidents involving ANY person on premises controlled by Leeds City Council and/or to any employee of Leeds City Council on ANY premises.
2. ALL relevant parts should be completed and sent to Children Leeds HS&W team immediately after the incident. 3. In cases of accidents resulting in death, broken bones, amputation, dislocation, eye injury, loss of consciousness, acute illness or immediate admission to hospital, or in the event of a Dangerous Occurrence **telephone 0113 247 5763 IMMEDIATELY**
4. In cases involving violence please complete form CF/50a – Report of an assault / violent incident

PERSON INJURED: Surname _____ Forename(s) _____

Address _____ Male/Female _____ Date of Birth _____

_____ Registered Disabled Person YES/NO

Category of person: Employee Pupil Visitor Contractor Passer By

Employee Details: School/base _____ Pay No. _____ Occupation _____

Pupil Details: School _____ Year/class _____

Details of Incident

Date of incident: Day _____ Month _____ Year _____ Time _____ am / pm

Was person taken direct to hospital from the scene of the accident ? YES / NO

Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the accident ? YES / NO

Will injury prevent member of staff from normal working capacity for more than 7 days following the date of the accident ? YES / NO

Exact Location of incident (e.g. classroom no., hall, playing field, corridor no., playground etc.)

State what happened as fully as possible:

Did the condition of the premises contribute to or cause the accident (e.g. trip in playground due to damaged surface) ? YES ? NO

If YES please give details:

Witnesses – names & addresses

1. _____

2. _____

Give details of first aid treatment given and by whom:

Type of Injury

Amputation	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Electric shock	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Sprain / Strain	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>
Break / Fracture	<input type="checkbox"/>	Cut / Abrasion	<input type="checkbox"/>	Irritation	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>	Swelling / bruise	<input type="checkbox"/>		
Burn / Scald	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Mark	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	None Stated	<input type="checkbox"/>		

Other – please state _____

Part of Body Affected

Arm	<input type="checkbox"/>	Back	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Internal	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Torso	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	Eye	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Head / face	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Muscular	<input type="checkbox"/>	Toes	<input type="checkbox"/>	Wrist	<input type="checkbox"/>

Other please state _____ None stated Left Right

Cause

Animal	<input type="checkbox"/>	Drowning	<input type="checkbox"/>	Fall above 2 m	<input type="checkbox"/>	Hit by object	<input type="checkbox"/>	Physical Education	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>
Bite	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Fall Below 2 m	<input type="checkbox"/>	Illness	<input type="checkbox"/>	Slip / trip	<input type="checkbox"/>	Trap in door	<input type="checkbox"/>
Collision	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Intervention	<input type="checkbox"/>	Spillage	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Crush/trap	<input type="checkbox"/>	Fighting	<input type="checkbox"/>	Glazing	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	Substance	<input type="checkbox"/>	other –please state	_____

Initial Investigation details

Has the school carried out an investigation to establish the cause of the accident	YES / NO
If YES please state who to contact for details _____	
Has any action been taken or is action proposed to be taken to prevent recurrence?	YES / NO
If YES please give brief details: _____	

Data protection declaration

“Under the terms of the Data Protection Act 1998 we must inform you of the following. By signing this form you are giving your explicit consent to Education Leeds to process your data. The processing involved will be for the purpose of monitoring health and safety in Education Leeds in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies. I consent to Education Leeds processing the information detailed in this form. I understand that this will be used by the company in pursuance of its business purposes and my consent is conditional upon Education Leeds complying with their obligations under the Data Protection Act 1998.”

Print Name of person completing this form _____

Signature of person completing this form _____ Date _____

If the form has not been completed by the person who has had the accident have they been consulted with and provided with a copy of this form ? They will also need to countersign the declaration above

YES / NO

Headteacher / Manager/ Head of Department name _____

Headteacher / Manager/ Head of Department Signature _____ Date _____

Please send this form to Children Leeds HS&W team as soon as possible after the date of the accident

REPORT OF AN ASSAULT / VIOLENT INCIDENT

Notes

1. This form is for reporting ASSAULTS and VIOLENT INCIDENTS to any employee of Leeds City Council on ANY educational premises.
2. ALL relevant parts should be completed and sent to Children Leeds HS&W Team immediately after the incident.
3. In cases where a member of the public – but not a pupil – is violent or aggressive and the school wishes details to be forwarded to Legal Services the Personnel Officer for the school should be contacted immediately.
4. All other accidents and incidents should be reported on report form CF/50 Report of an Accident, Injury or Dangerous Occurrence

Person subject to violence

Surname _____ Forename(s) _____

Address _____ Male/Female _____ Date of Birth _____

_____ Registered Disabled Person YES/NO

Employee Details: School/base _____ Pay No. _____ Occupation _____

Details of Incident

Date of incident: Day _____ Month _____ Year _____ Time _____ am / pm

Was the subject injured YES / NO

If Yes give brief details of injury received

Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the incident ? YES / NO

Will injury prevent member of staff from normal working capacity for more than 7 days following the date of the accident ? YES / NO

Exact Location of incident (e.g. classroom no., hall, playing field, corridor no., playground etc.)

Summarise what happened (e.g. "pupil swore at teacher" or "parent threatened members of staff"):

Details of alleged assailant (if known)

Name: _____

Address _____

Male/female _____ Approx or known age _____ Have there been previous incidents concerning this person YES / NO

Witnesses – names & addresses

1. _____

2. _____

3. _____

Type of Incident

Verbal Abuse Threat (s) Physical assault – no injury Physical assault – injury sustained

Part of Body Affected if physical assault

Arm Back Finger Hand Internal Multiple Neck Torso
 Ankle Eye Foot Head / face Leg Muscular Toes Wrist
 Other please state _____ None stated Left Right

Additional information

Please give a more detailed account of what happened including any relevant events leading up to the incident and details of any property damage, verbal abuse and anti-social behaviour – use additional sheets if necessary and attach them to this form.

Police notification

Have the police been notified ? YES / NO
 If YES please give details of the Name, Number and Station of Officer(s) concerned

Initial Investigation details

Has the school carried out an investigation into the underlying cause of the incident? YES / NO
 If YES please state who to contact for details _____
 Has any action been taken or is action proposed to be taken to prevent recurrence? YES / NO
 If YES please give brief details: (e.g. “school has excluded pupil for 3 days” or “Legal Services have been informed”)

Data Protection declaration

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Print Name of person completing this form _____
 Signature of person completing this form _____ Date _____
 If the form has not been completed by the person who has had the accident have they been consulted with and provided with a copy of this form ? If so has the person counter signed the declaration above? YES / NO

Headteacher / Manager/ Head of Department name _____
 Headteacher / Manager/ Head of Department Signature _____ Date _____

Please send this form to Children Leeds HS&W team as soon as possible after the date of the accident

