

**ERL Telecoms Services Limited**

# Incident Report Form

**Purpose**: This form is to be used by employees to document all work related accidents (Injury, near miss, illness, equipment damage) no matter how minor. This helps to identify and correct hazards before they escalate.

**Instructions**:

* Promptly report all workplace injuries, illnesses, damages and near miss to your Line Manager AND the Human Resource Manager- even if first aid or medical care is not required.
* Complete this form and give to Human Resources **within 1 business day** of the incident.

**PART A**

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| --- | --- |
| Type of Incident (Tick) | |
| **A) Injury/Illness B)Property/Equipment Damage C)Near Miss D)Environmental E)Other** | |
| Employee Details | |
| Name: Department:  Employee ID: Position: Signature:  Line Manager’s Name: Position: | |
| Incident Details | |
| Date of Incident: Time of Incident: Location of Incident:  Root Cause of Incident: Names of Witnesses (if any):  Incident Reported to: Time Reported: | |
| **Full Description of Incident**  (Where exactly did it happen? What were you doing at the time? Describe in detail what led to the injury, damage or near miss)  Was event caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)?  Immediate action taken to reduce risk or Hazards: | |
| **Corrective Actions** | **Future Preventative Actions** |
| Work-Related injury/illness Details | |
| Part of Body Injured Type of Injury/Illness  Severity of Injury: A) First Aid Treatment B) Medical Treatment Injury | |
| Property/Equipment Damage Details | |
| Property/Equipment Name: Property/Equipment ID:  Specific period of use (Months/Years):  Description of Damage: | |

**PART B**—**This section is to be completed by the employee’s Line Manager**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Line Manager’s Name: Position:  Date: Signature:  Using the risk assessment matrix below, calculate the risk assessment rating of the reported incident.   |  |  |  |  | | --- | --- | --- | --- | | Likelihood of Occurrence | Consequence | | | |  | Major – A  Permanent injury or fatality, high financial loss, significant property or equipment damage, long term environmental harm. | Moderate- B  Lost time injury or restricted capacity for work injury, medium financial loss, medium property or equipment damage, short term environmental harm. | Minor- C  First aid or medical treatment only injury, low financial loss, minimal property or equipment damage, no environmental harm. | | Likely- 1  Could occur frequently | High Risk | High Risk | Medium Risk | | Likely -2  Could occur occasionally | High Risk | Medium Risk | Low Risk | | Likely -3  Could occur at some time | Medium Risk | Low Risk | Low Risk |   **Incident Risk Rating** (Low, Medium or High):  Is full investigation recommended? Yes/NO  Lost time incurred Yes/No Number of days lost:  Is damaged property/equipment insured? Insurance ID:  Corrective action (Repair /Replacement):  If other future preventative action(s) is required aside the above stated, please specify:  Estimated cost of repair:  Estimated cost of replacement :  Person responsible for repair/replacement:  Target completion date: Date completed: |
| **PART C—This section is to be filled by a Human Resource Official** |
| HUMAN RESOURCE CERTIFICATION |
| Name and ID of HR Official:  Position:  Date and Time of Incident Report:  Has the injured/ill employee obtained First Aid/ Medical attention?  Is medical report required?  Does the employee need Health and Safety training?  Measures put in place to avoid recurrence:  Incident report closed?  **Note: Incident report can only be closed if no investigation is required.**  Date: Signature: |