**Accident/Incident Reporting Record (*Records to be kept for 10 years from date of accident*)**

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| --- | --- | --- | --- |
| FMU Name: |   | Accident/incident: DATE:  |   |
| Address: |  | TIME: |  |
| Precise location: [attach a map] |  |
| Names and address of any witnesses: |  |
| What Happened? |  |
| Details of Injuries: |  |
| Reasons given for cause: |  |
| Name/contact details of any injured party: |  |
| Health & Safety Procedures at the time of the incident:1. Was there an adequate Risk Assessment if appropriate covering the activity?
2. Was the work site environment safe for the activity to be performed?
3. Was PPE provided and being worn?
4. Were there work instructions/guidelines for the activity being performed
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|  |
| Details of any follow up actions |  |

**Person completing form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Date: |  |
| Role/Position: |  |

* Fatal accidents must be reported immediately to the HSA www.hsa.ie or Gardaí. Subsequently, the formal report should be submitted to the Authority within five working days of the death.
* Non-fatal accidents or dangerous occurrences should be reported to the HSA within ten working days of the event.
* Injuries to any employee as a result of an accident while at work where the injury results in the employee being unable to carry out their normal work duties for more than three consecutive days, excluding the day of the accident, must be reported to the HSA.