

INJURED PERSON REPORT FORM



MOTORPOINT
arena
NOTTINGHAM

See Safety Policy and Arrangements – ‘Accident, Near Miss and Work Related Ill Health’ for further Information

This form must only be used when you are not able to complete this information on-line using the NIC Incident Management System

This form must be sent to your line manager so the information can be input onto the incident management system

All information on this form must be completed (any information not known must be completed as ‘Unknown’)

This document will be uploaded onto the Incident Management System and is considered as your account of the accident

THIS INFORMATION MUST BE COMPLETED BY THE INJURED PERSON / RESPONSIBLE PERSON ACTING ON THEIR BEHALF

A) INJURED PERSON DETAILS

FORENAME(S):	SURNAME:	DATE OF BIRTH:	Male <input type="checkbox"/> Female <input type="checkbox"/>
HOME ADDRESS:		CATEGORY	
		NIC employee <input type="checkbox"/>	Agency <input type="checkbox"/>
		Contractor <input type="checkbox"/>	Child <input type="checkbox"/>
POST CODE:	TEL NO: ☎	Member of public <input type="checkbox"/>	Near Miss <input type="checkbox"/>

COMPLETE FOR NIC EMPLOYEES / AGENCY STAFF ONLY	LOCATION OF THE ACCIDENT	
DEPARTMENT:	WHERE ON THE LOCATION	
SERVICE AREA:		
OCCUPATION:		
LINE MANAGER'S NAME:	WHEN DID THE ACCIDENT OCCUR	
WORK EMAIL:	Date:	Time:

MEDICAL TREATMENT RECEIVED/ACTION TAKEN	DETAIL INJURIES AND LOCATIONS AND IDENTIFY PRIMARY INJURY (e.g. cut both hands, bruised left leg, sprained right ankle, unconscious etc.)
None <input type="checkbox"/> Adult Called (U16) <input type="checkbox"/>	
First Aid* <input type="checkbox"/> Second Opinion advised <input type="checkbox"/>	
Sent/taken Home <input type="checkbox"/> Straight to hospital <input type="checkbox"/>	
First aid administered by:	
<input type="checkbox"/> Not applicable (near miss incident)	

B) FULLY DESCRIBE THE ACCIDENT

This may include some of the following information			
• Events leading up to the accident	• What job / Activity was being undertaken	• Why it happened	• Housekeeping
• Environmental conditions	• Personal protective equipment used	• If a fall, state the distance fallen in metres	
• Name of any substance, type of machinery/equipment involved, tools being used		• Details of First aid provided	

Please use additional pages if necessary			

Injured Person Was Skating <input type="checkbox"/>	Shoe Heel Height:	Hire Skate <input type="checkbox"/>	Size:	No:	Using Own Skates <input type="checkbox"/>	Puck Related <input type="checkbox"/>
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WHO WAS THE ACCIDENT REPORTED TO		
I SUBMIT THESE DETAILS AS BEING A TRUE ACCOUNT OF THE ACCIDENT (you may wish to keep a copy of this form)		
Signed	Date	Work phone number ☎

This document must be signed and dated.

Information for the completion of the Injured Person Report Form

This form must be completed where the injured person does not have access to the Incident Management system to complete the details of the incident on-line.

The form must be fully completed and all sections must be completed.

Where information is not known, do not leave it blank but complete by using 'Unknown'

Who must this form be sent to?

This form **must** be sent to your line manager so it can be uploaded onto the incident management system.

This is the person that has been identified on this form.

You can also send a copy of this form to your trade union

It is recommended that you also keep a copy of this form.

What Happens Next: The Incident Management System

The information contained within this form will be uploaded onto the Incident Management System. If you have identified an email address, you will receive an automatic message from the Incident Management System that informs you that this information has been uploaded.

Please note, you will only be able to see this information if you have registered onto the system and you must have a recognised and approved e-mail address. (googlemail, hotmail and similar private e-mail addresses will not allow access to the system)

The information on this form will then be used as a basis for management to undertake an incident investigation.

When transferring this information, if the form identifies the person who has had the accident is an employee or agency staff, the information will be added using the 'I am the Line Manager / Team Leader / Supervisor' option.

All other categories of persons who have an accident should be added using 'I am reporting on behalf of a Third Party'.

Uploading this form onto the Incident Management System

Upon transferring the information contained on this form onto the incident management system, you will be required to upload this form using the upload documents option and upload into the 'Injured Person Report Form'.

This will then ensure that the information has been transferred correctly and reflects the information included on this form.

This form must be signed & dated by the person who has completed it.

Legal Notices

This is an important legal document which may be referred to in a Court or Tribunal.

To the person completing this form. You are responsible for its content. By completing the form you are confirming that the content is true and accurate to the best of your knowledge, information or belief.

To the person transferring the information from this form onto the Incident Management System. When transferring the information from this form, it must be a full, true and accurate record of the accident as reported to you. You are responsible for ensuring that any data uploaded onto the Incident Management System is true, accurate and complete to the best of your knowledge, information or belief.

Home Search for Accident Create New Reports Administration

Accident 106 involving Bertie Wooster on 10/12/2010 AM
Description: Fell off roof
Entered By: Virginia Rochester on 10/12/2010

Export as pdf

Person Details ✓ Accident Info Complete ✓ Investigation Finished ✓ Incident Closed ✓

Upload A File

Select Type of File: Please Select...
Description of Contents:
Document Location: Browse
Share with Others? ☐ No ☐ Yes

Upload

Current Files

Risk Assessment Files
There are currently no Risk Assessment files

Witness Statement Files
There are currently no Witness Statement files

Photo Files
There are currently no Photo files

F2500 'HSE' Files
There are currently no F2500 'HSE' files

Injured Person Report Form Files
There are currently no Injured Person Report Form files

Other Files
There are currently no other files