

CMETB Accident or Incident Record Form

INJURED PARTY DETAILS:

Tool 5

Surname: _____ First Name(s): _____

Address (Home/Company): _____

D.O.B.: _____ Sex: Male/Female _____

Status (Please tick appropriate box) Student/Learner Teacher/staff member

Visitor Contractor Other (please specify): _____

Date of Accident/Incident: _____ Time _____

Location of Accident/Incident _____

Description of Accident /Incident: _____

TYPE OF ACCIDENT/INCIDENT

(Where appropriate, tick one or more box)

Injured/damaged by a person	
Struck by/contact with	
Caught in/under	
Slip/trip/fall	
Sharps	
Road Traffic Accident/Crash	
Exposure to substances/environments	
Manual handling	
Property damage	

TYPE OF INJURY

Fatality	
Bruise	
Concussion	
Internal injury	
Abrasion, graze	
Fracture	
Sprain	
Torn ligaments	
Burns	
Scalds	
Frostbite	
Injury not ascertained	
Trauma	
Occupational disease	
Other (Please specify)	

MAIN AGENT WHICH CAUSED ACCIDENT/INCIDENT:

If caused by equipment, please retain for inspection, if necessary

PART OF BODY INJURED

Head (except eyes)	
Eyes	
Face	
Neck, back, spine	
Chest, abdomen	
Shoulder	
Upper arm	
Elbow	
Lower arm, wrist	
Hand	
Finger (one or more)	
Hip joint, thigh, kneecap	
Knee joint	
Lower leg	
Ankle	
Foot	
Toe (one or more)	
Multiple injuries	
Trauma, shock	
Other(Please specify)	

CMETB Accident or Incident Record Form cont'd

Consequences	Result	Anticipated absence (not including day of accident)
<input type="checkbox"/> Fatal	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> 1-3 days
<input type="checkbox"/> Non-fatal	<input type="checkbox"/> Excused	<input type="checkbox"/> 4-7days
	<input type="checkbox"/> Light Duty	<input type="checkbox"/> 8-14 days
	<input type="checkbox"/> Medicine	<input type="checkbox"/> More than 14 days
		<input type="checkbox"/> NONE, i.e. no anticipated absence on resulting from the accident or incident.

Date Accident/Incident reported to school /centre management: _____

Has the Accident/Incident been reported to the Health and Safety Authority? (See note below) Yes No Not applicable

Has the Accident/Incident been reported to CMETB Head Office? Yes No Not applicable

Has CMETB's insurance company been informed? Yes No Not applicable

Attach:

(A) Injured party's report.

(B) Witness list incl Contact details (level of detail required may vary depending on severity of the accident).

(C) Witness statements (level of detail required will vary depending on the severity of the accident).

(D) Sketch or photograph of the scene, equipment etc. where appropriate.

Investigating staff member: _____

Name (Use capital letters): _____

Signature: _____

Date: _____

Note 1: Certain accidents must be reported to the Health and Safety Authority. Reportable accidents are all workplace fatalities and those accidents where a person is injured in the course of their employment and cannot perform their normal work for more than 3 calendar days, not including the day of the accident. A death, or an injury that requires treatment by a registered medical practitioner, which does not occur while a person is at work, but is related to either a work activity or their place of work is also reportable. Accidents may be reported on the Health and Safety Authority's Incident Report Form (IR1) or online at www.hsa.ie Further information can be found in Part 1 of the Guidelines in the FAQ's on Accident Investigating and Reporting.

Note 2: Please ensure all information gathered is in accordance with data protection principles outlined by the Data Protection Commissioner. For further information please log onto www.dataprotection.ie

CONFIDENTIAL - THIS FORM HAS BEEN COMPLETED IN CONTEMPLATION OF LEGAL PROCEEDINGS