**Adult Incident Form (including near misses) – (staff/ visitor/ contractor/ hirer) circle one**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dept.:** Click or tap here to enter text. | **HoD:** Click or tap here to enter text. | | |
| **Name:** Click or tap here to enter text. | **Date of Birth:** Click or tap here to enter text. | | |
| **Address and postcode:** Click or tap here to enter text. | | | |
| **Activity undertaken:** Click or tap here to enter text. | | | |
| **Date of incident:** Click or tap here to enter text. | **Time of incident:** Click or tap here to enter text. | | |
| **Location of incident:** Click or tap here to enter text. | | | |
| **Nature of incident:** Click or tap here to enter text. | | | |
| **Details of injuries:** Click or tap here to enter text. | | | |
| **Names of others involved:** Click or tap here to enter text. | | | |
| **Action taken, and by whom:** Click or tap here to enter text.  **Contact telephone number *(in case of follow up queries)*:** Click or tap here to enter text. | | | |
| **Action pending, and by whom:** Click or tap here to enter text. | | | **Reportable under RIDDOR? Yes:  No:** |
| **Signature:** Click or tap here to enter text. | | **Date:** Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **The individual completing the form is responsible for emailing copies to:** | |
| 1. Medical Centre 2. Kay Wright | 1. Head of Department |

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