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

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| --- | --- |
| **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. |

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| **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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