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

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

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