**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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