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Keep this book in an accessible place

ACCIDENT BOOK

Book number

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The legal requirements for reporting accidents, diseases and dangerous incidents at work are laid down in the Social Security (Claims and Payments) Regulations 1979, the Social Security Administration Act 1992, the Health and Safety at Work Act 1974 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. Only a broad outline of these complex regulations can be given here, and new legislation may always be introduced. This information is intended as general guidance and should not be treated as a complete and authoritative statement of the law.

You should ensure that you understand fully the regulations as they apply to you. Further information is available from the Department of Social Security and the Health and Safety Executive. Your local telephone directory can provide addresses and telephone numbers.

FOR USE AT

Name of place

Address

Name of Employer or occupier of place

INFORMATION FOR

Employees

If you have an accident at work, or in connection with your work - that is, something unexpected happens that could lead to your being injured or becoming ill - the law requires you to tell your employer as soon as possible. You can do this by making an entry in this book, or by having someone else make the entry on your behalf. By doing this you will protect your right to benefits, and will help to ensure that action is taken to reduce the risks you face at work.

You must do this whatever the cause or seriousness of your injury.

Your employer must investigate the cause of the injury, and if it is serious, or if you are off work for more than three days as a result, they must report the accident to the local authority or the Health and Safety Executive.

Certain work-related diseases must also be reported by your employer. Your doctor will notify your employer if you suffer from one of these diseases.

Your employer must also report many dangerous occurrences that could have led to a serious injury, even if no one was injured as a result. If something

dangerous happens in your workplace you should make sure your employer knows about it.

If an accident means you have to take time off work, your employer may pay you sick pay under the terms of your employment. If you have to take more than three days off work you may receive Statutory Sick Pay (SSP). If you do not qualify for either form of sick pay, you may still be able to receive State Incapacity Benefit.

If the accident makes you disabled you may be entitled to Disablement Benefit.

Sometimes an accident may not affect you immediately, but could have a later impact on your health. You can protect your right to benefits in future by applying for a declaration that the accident was an industrial accident. Ask for form BI 95.

Your local Social Security office can explain the sick pay and benefit regulations to you, and provide you with the forms that you will need for these purposes. See the entry under 'Social Security' in your local telephone book.

INFORMATION FOR

Employers

Your obligations under the Social Security (Claims and Payments) Regulations 1979 and the Social Security Administration Act 1992:

You must make sure that records of injuries to employees are kept if you occupy:

- a factory, a mine or a quarry
- any premises where the Factories Act 1961 applies
- any other premises in which (or around which) you employ ten or more people at the same time.

To do this you should provide an accident book (such as this one) in which employees, or people acting on their behalf, can record details of accidents leading to injury. It should be kept in a place accessible to your employees at any reasonable time.

When an accident is recorded, you must investigate to discover its cause. If the information given by (or for) the employee in Section 4 and 5 of the entry does not seem to you to be full or accurate, you should add a further entry of your own in these sections. When you are satisfied with the report, initial it in the place provided.

Once the book is full, you should keep it for three years after the date of the last entry.

Your obligations under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

You must report the following to the appropriate authority.

Certain injuries to employees, self-employed people working on your premises, and members of the public. Fatalities and major injuries (see page iii) must be reported immediately (for example, by telephone) and a fuller report submitted on Form F2508 within ten days. Other injuries which cause the sufferer to be unable to do their normal work for more than three days (including days on which they do not normally work) must be reported in writing on Form F2508 within ten days.

Reportable work-related diseases suffered by your employees, as notified to you by a doctor. These must be reported in writing on Form F2508A within ten days.

Certain dangerous occurrences which could have led to reportable injuries, although an injury did not occur as a

result. (For a summary of the main classes see page iii.) These must be reported immediately (for example, by telephone) and a full report on Form F2508 sent within ten days.

Reports should be made to the enforcing authority. For offices, retail and wholesale premises, hotels and catering premises, sports and leisure premises, residential accommodation (excluding nursing homes) and workplaces connected with places of worship, this is the environmental health department of your local authority. For other types of workplace, it is the area office of the Health and Safety Executive. The addresses and telephone numbers of both can be found in your local telephone book.

If you are not clear whether a report is necessary, the enforcing authority can advise you, or you can ring the HSE's helpline on 0541 545500.

Copies of Form F2508 and F2508A are available from the Health and Safety Executive.

Records must be kept of the accidents, diseases and dangerous occurrences that you report. This accident book can be used for that purpose.

INFORMATION FOR

the Self Employed

If you are working on your own premises and you, a self-employed person working with you, or a member of the public, suffers an injury, you must report it as outlined in the Information for Employers above.

If you are working on an employer's premises, they are responsible for making the report.

If your doctor notifies you that you are suffering from a reportable work-related disease you must report it as outlined in the Information for Employers above.

If a reportable dangerous occurrence occurs on your work premises, you must report it as outlined in the Information for Employers above.

MAJOR INJURIES

The following major injuries should be reported immediately (e.g. by phone):

- ❖ a fracture of any bone except a finger, thumb or toe
- ❖ an amputation
- ❖ the dislocation of a shoulder, hip, knee or spine
- ❖ temporary or permanent loss of sight
- ❖ a chemical or hot metal burn to the eye, or any penetrating injury to the eye
- ❖ an electrical shock or burn if it leads to unconsciousness, requires resuscitation, or the sufferer is admitted to hospital for more than 24 hours
- ❖ any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours
- ❖ unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent

- ❖ acute illness requiring medical treatment, or loss of consciousness after absorption of any substance by inhalation, ingestion or through the skin
- ❖ acute illness requiring medical treatment where there is reason to believe this resulted from exposure to a biological agent or its toxins or infected material.

Reportable dangerous occurrences

Among the major types of incident which should be reported as described previously are the following.

Failures of the following types of equipment, of a kind which could lead to death or serious injury:

- ❖ lifting machinery
- ❖ pressure systems
- ❖ freight containers that are being raised, lowered or suspended
- ❖ radiation and radiography equipment

- ❖ breathing apparatus and other types of diving equipment
- ❖ scaffolding
- ❖ load-bearing fairground equipment, and fairground equipment designed to support or restrain passengers
- ❖ pipelines.

Electrical incidents, including:

- ❖ an electrical short-circuit or overload causing a fire or explosion, which could have caused death or which causes stoppage of the plant for more than 24 hours
- ❖ plant or equipment coming into contact with overhead power lines, or sufficiently close to cause an electrical discharge.

Incidents involving explosives, including unintentional explosions, misfires, demolition failure and the projection of material beyond a site boundary.

Incidents involving dangerous substances, including:

- ❖ the accidental release of a biological agent likely to cause severe human infection or illness

- ❖ any incident involving a road tanker carrying a dangerous substance which causes it to overturn, suffer serious damage or catch fire, or results in the release of its contents
- ❖ pipeline failures
- ❖ escapes of flammable and dangerous substances.

Derailments and unintended collisions, for example of cars and trains (including fairground rides).

Other dangerous occurrences to transport systems, for example, bridge failures and trains failing to stop at stop signals.

Various dangerous occurrences at oil or gas wells.

Various dangerous occurrences at mines and quarries.

Major collapses of buildings being constructed, reconstructed, altered or demolished (except offshore).

Diving incidents, for example, divers being trapped or otherwise put at serious risk.

1 About the person who had the accident
Give full name, home address and occupation.

FULL NAME **Code A**
ADDRESS
POSTCODE
OCCUPATION **HCSW**

2 About you, the person filling in this book
If you did not have the accident, give full name, home address and occupation.

FULL NAME **SHAREN LANDY**
ADDRESS
Code A
POSTCODE
OCCUPATION **CLINICAL MANAGER**

3 Please sign and date (the person filling in the book)

SIGNATURE **Code A** DATE **23 / 8 / 01**
The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).
SIGNATURE DATE / /

4 About the accident When and where it happened.

DATE **21/08/01** TIME **1030**
IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN? **MAIN CORRIDOR DDH.**

5 About the accident - what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.
HOW DID THE ACCIDENT HAPPEN? **2x NURSES STANDING PATIENT TO BE WEIGHED, PATIENT DECIDED NOT TO TAKE HIS WEIGHT AND DROPPED BACK INTO THE WHEELCHAIR.**
MATERIALS USED IN TREATMENT **OCC HEALTH / GP .**

6 Reporting of injuries, diseases and dangerous occurrences 1995 (see page iii)
For the employer only - complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED
DATE REPORTED / / EMPLOYER'S NAME AND INITIALS

1 About the person who had the accident
Give full name, home address and occupation.

FULL NAME **VICKIE WELLSGREEN**
ADDRESS
Code A
POSTCODE
OCCUPATION **SENIOR STAFF NURSE**

2 About you, the person filling in this book
If you did not have the accident, give full name, home address and occupation.

FULL NAME
ADDRESS
POSTCODE
OCCUPATION

3 Please sign and date (the person filling in the book)

SIGNATURE **Code A** DATE **27/12/03**
The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).
SIGNATURE DATE / /

4 About the accident When and where it happened.

DATE **26/12/03** TIME **1830**
IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN? **DRYAD WARD Room B001**

5 About the accident - what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.
HOW DID THE ACCIDENT HAPPEN? **AS PUMPING UP THE B001 BANDED MY RIGHT KNEE ON THE SIDE OF THE BED CAUSING PAIN AND BRUISING**
MATERIALS USED IN TREATMENT **NONE .**

6 Reporting of injuries, diseases and dangerous occurrences 1995 (see page iii)
For the employer only - complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED
DATE REPORTED / / EMPLOYER'S NAME AND INITIALS

1 About the person who had the accident

Give full name, home address and occupation.

FULL NAME
ADDRESS
Code A

POSTCODE **Code A**

OCCUPATION *clinical officer*

2 About you, the person filling in this book

If you did not have the accident, give full name, home address and occupation.

FULL NAME
ADDRESS

POSTCODE

OCCUPATION

1 About the person who had the accident

Give full name, home address and occupation.

FULL NAME
ADDRESS
Code A

POSTCODE **Code A**

OCCUPATION *House keeper*

2 About you, the person filling in this book

If you did not have the accident, give full name, home address and occupation.

FULL NAME
ADDRESS

POSTCODE

OCCUPATION

3 Please sign and date (the person filling in the book)

SIGNATURE **Code A**

DATE *10 / 03 / 04*

The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).

SIGNATURE DATE / /

3 Please sign and date (the person filling in the book)

SIGNATURE **Code A**

DATE *16 / 2 / 05*

The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).

SIGNATURE DATE / /

4 About the accident When and where it happened.

DATE *10 / 03 / 04* TIME

IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN? *Physio Reception Area. GWMH*

4 About the accident When and where it happened.

DATE *15 / 2 / 05* TIME *1 PM.*

IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN? *WHEELCHAIR BAY. WARD. DEYA.)*

5 About the accident - what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.

HOW DID THE ACCIDENT HAPPEN? *Getting off from computer seating, caught ankles and fell against chair on wheels which rolled away. Bruised ribs.*

MATERIALS USED IN TREATMENT *none*

5 About the accident - what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.

HOW DID THE ACCIDENT HAPPEN? *FOOT CAUGHT IN WHEELCHAIR WHILST TURNING, FELL BACKWARDS GOT TRAPPED BY ARM. BRUISED BACK AND ARM*

MATERIALS USED IN TREATMENT *ICE PACK. to ARM.*

6 Reporting of injuries, diseases and dangerous occurrences 1995 (see page iii)
For the employer only - complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED */*

DATE REPORTED / / EMPLOYER'S NAME AND INITIALS

6 Reporting of injuries, diseases and dangerous occurrences 1995 (see page iii)
For the employer only - complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED */*

DATE REPORTED / / EMPLOYER'S NAME AND INITIALS

1 About the person who had the accident
Give full name, home address and occupation.

FULL NAME
ADDRESS
Code A
POSTCODE
OCCUPATION *H.C.S.W*

2 About you, the person filling in this book
If you did not have the accident, give full name, home address and occupation.

FULL NAME
ADDRESS
POSTCODE
OCCUPATION

3 Please sign and date (the person filling in the book)

SIGNATURE **Code A** DATE *25/8/05*
The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).
SIGNATURE DATE / /

4 About the accident When and where it happened.

DATE *25/8/05* TIME *21.20*
IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN? *BE020003 3 SOUTH WARD*

5 About the accident - what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.
HOW DID THE ACCIDENT HAPPEN? *changing a patients soiled pad. pricked finger, on sub cut fluid needle which had gone in and back out through the stomach. washed with H.B scrub and*
MATERIALS USED IN TREATMENT *Phoned Sharps hot line to have blood test next week*

6 Reporting of injuries, diseases and dangerous occurrences 1995 (see page iii)
For the employer only - complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED
DATE REPORTED / / EMPLOYER'S NAME AND INITIALS

1 About the person who had the accident
Give full name, home address and occupation.

FULL NAME
ADDRESS
POSTCODE
OCCUPATION

2 About you, the person filling in this book
If you did not have the accident, give full name, home address and occupation.

FULL NAME
ADDRESS
POSTCODE
OCCUPATION

3 Please sign and date (the person filling in the book)

SIGNATURE DATE / /
The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).
SIGNATURE DATE / /

4 About the accident When and where it happened.

DATE / / TIME
IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN?

5 About the accident - what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.
HOW DID THE ACCIDENT HAPPEN?
MATERIALS USED IN TREATMENT

6 Reporting of injuries, diseases and dangerous occurrences 1995 (see page iii)
For the employer only - complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED
DATE REPORTED / / EMPLOYER'S NAME AND INITIALS

1 About the person who had the accident

Give full name, home address and occupation.

FULL NAME

ADDRESS

POSTCODE

OCCUPATION

2 About you, the person filling in this book

If you did not have the accident, give full name, home address and occupation.

FULL NAME

ADDRESS

POSTCODE

OCCUPATION

1 About the person who had the accident

Give full name, home address and occupation.

FULL NAME

ADDRESS

POSTCODE

OCCUPATION

2 About you, the person filling in this book

If you did not have the accident, give full name, home address and occupation.

FULL NAME

ADDRESS

POSTCODE

OCCUPATION

3 Please sign and date *(the person filling in the book)*

SIGNATURE

DATE / /

The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).

SIGNATURE

DATE / /

3 Please sign and date *(the person filling in the book)*

SIGNATURE

DATE / /

The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).

SIGNATURE

DATE / /

4 About the accident *When and where it happened.*

DATE / / TIME

IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN?

4 About the accident *When and where it happened.*

DATE / / TIME

IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN?

5 About the accident – what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.

HOW DID THE ACCIDENT HAPPEN?

MATERIALS USED IN TREATMENT

5 About the accident – what happened

Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.

HOW DID THE ACCIDENT HAPPEN?

MATERIALS USED IN TREATMENT

6 Reporting of injuries, diseases and dangerous occurrences 1995 *(see page iii)*

For the employer only – complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED

DATE REPORTED / /

EMPLOYER'S NAME AND INITIALS

6 Reporting of injuries, diseases and dangerous occurrences 1995 *(see page iii)*

For the employer only – complete the box provided if the accident is reportable under RIDDOR.

HOW REPORTED

DATE REPORTED / /

EMPLOYER'S NAME AND INITIALS

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