

Kent County Council Accident/Incident Investigation Form

Use this form if:

- ▶ the incident could happen again
- ▶ the accident/incident reported on form HS157 requires further investigation
- ▶ you need to record more detail than is possible on incident from HS157
- ▶ you have sent either form F2508 or F2508a to the HSE (Health and Safety Executive)

If you need any help in completing this form, please refer to guidance on SafetyNet / KentTrustWeb/ your accident book or contact your directorate or Area Health and Safety Adviser.

Name of injured person:

Date of accident/incident:

Report Number: (from box in top right hand corner of HS157)

a) Summary of the accident/incident

(Provide a short summary of what the immediate events were leading up to the accident/incident, who was involved, where did it happen, what happened?)

b) Background information to the accident/incident

(Has a similar occurrence happened before, have people previously reported concerns?)

c) Do you feel responses to the accident/incident were adequate?

(Such as first aid given, emergency response, immediate remedial action taken)

d) What further improvements might be considered by management to prevent a reoccurrence?

(Such as review of risk assessments, control measures, new equipment, information and communication to staff, additional refresher training, further advice from a Health and Safety Adviser)

e) What further improvements could be made by the individual(s) concerned to prevent a recurrence?

f) Please tick relevant boxes that best describe factors which could have contributed to the accident/incident

- Defective premises
- Defective plant/equipment/tools/materials (*indicate which*)
- Incorrect/defective protective equipment (*indicate which*)
- Poor layout of premises
- Poor housekeeping e.g. storage etc.
- Poor environment: heating/noise/lighting/ventilation (*indicate which*)

- Poor behavioural management
- Lack of suitable supervision
- Lack of training/knowledge/skill (*indicate which*)
- Failure to plan
- Failure to appreciate risks
- Lack of care
- Incorrect use of protective equipment/protective equipment not being worn (*indicate which*)
- Lack of client information
- Horseplay/fighting (*indicate which*)
- Alcohol/medication (*indicate which*)
- Workload – fatigue/pressure (*indicate which*)

g) **Yes** **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Has a risk assessment been carried out for this activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Had the hazard(s) been identified? |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Had any action been taken to eliminate or minimise the risk(s)?
(if yes please specify) |

h) **Yes** **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Were there documented procedures in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Were the procedures being followed? |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Do the current procedures require review? |

Investigation carried out by:

Signature: Date:

Manager/Line Manager/Headteacher name:

Telephone Number

Copies to:

(For distribution within directorates see guidance on SafetyNet, Kent Trust Web or in your accident book).

NB original investigation to be kept with accident/investigation form HS157

Other documentation (attached)

e.g. witness statement, drawing of location where accident occurred, copy of F2508 if required.