

## Report of an injury or dangerous occurrence

(Form F 2508)

This form must be filled in by an employer or other responsible person.

### Part A

#### About you

- 1 What is your full name?
- 2 What is your job title?
- 3 What is your telephone number?

#### About your organisation

- 4 What is the name of your organisation?
- 5 What is its address and postcode?
- 6 What type of work does the organisation do?

### Part B

#### About the incident

- 1 On what date did the incident happen?
- 2 At what time did the incident happen?  
(Please use the 24-hour clock e.g. 0600)
- 3 Did the incident happen at the above address?  
Yes  Go to question 4  
  
No  Where did the incident happen?  
 Elsewhere in your organisation - name, address and postcode  
 At someone else's premises - give the name, address and postcode  
 In a public place – give details of where it happened

If you do not know the postcode, what is the name of the local authority?

- 4 In which Department/Service or where on the premises/site did the incident occur?

### Part C

#### About the injured person

If you are reporting a dangerous occurrence, go to Part F.

If more than one person was injured in the same incident, Please attach the details asked for in Part C and part D For each injured person.

- 1 What is their full name?
- 2 What is their home address and postcode?
- 3 What is their home phone number?
- 4 How old are they? (Please provide date of birth)
- 5 Are they  male?  female?
- 6 What is their job title?
- 7 Employee ID Number
- 8 Was the injured person (tick only one box)  
 one of your employees?  
 on a training scheme? Give details?  
  
 on work experience?  
 Employed by someone else? Give details of the employer:  
  
 self-employed and at work?  
 a member of the public?

### Part D

#### About the injury

- 1 What was the injury? (e.g. fracture, laceration)
- 2 What part of the body was injured?

continued overleaf

3 Was the injury (tick the one box that applies)

- a fatality?
- a major injury or condition?  
(see accompanying notes)
- an injury to an employee or self employed person which prevented them doing their normal work for more than 0 - 3 days?
- an injury to an employee or self employed person which prevented them doing their normal work for more than 3 - 7 days?
- an injury to an employee or self employed person which prevented them doing their normal work for more than 7 days?
- an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4 Did the injured person (tick all the boxes that apply)

- become unconscious?
- need resuscitation?
- remain in hospital for more than 24 hours?
- none of the above?

### Part E

#### About the kind of accident

Please tick the one box that best describes what happened, then go to Part G

- Contact with electricity
- Contact with machinery
- Drowned or asphyxiated
- Exposed to explosion
- Exposed to fire
- Exposed to harmful substance
- Fall from a height  
How high was the fall?  metres
- Injured by an animal
- Lifting and handling injuries
- Physical assault
- Slip, trip, fall same level
- Struck against
- Struck by moving vehicle
- Struck by object
- Trapped by something collapsing
- Another kind of accident (describe it in Part G)

### Part F

#### Dangerous Occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form)

### Part G

#### Describing what happened

Give us as much detail as you can.

- main industry, activity, work process - see categories
- what type of work was being carried out – what was the person doing
- the name of any substance, type of machine involved
- the events that led to the incident and the main factor that resulted in the incident - see categories
- the part played by any people

Attach a completed investigation record and associated documentation (certificates / photographs) where applicable. Determine the cause to identify possible improvements to prevent a reoccurrence. Describe any action that has since been taken to prevent a similar incident.

### Part H

#### Your signature

Date

Where to send the form

**Please send the completed form to (Details here)**