| Appendix 2: Adverse Event Form |
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| **Service/Service Area** |  | **Workplace** |  |
| **personal details** |
| Full Name |  | **Date of Birth** |  |
| Home Address |  | **Tel No.** |  |
|  |  |
|  |  |
| Post Code |  |
| Occupation |  |
| **Accident/Incident Details** |
| Date |  | Time |  | Location |  |
| How did the accident/incident/near miss occur? |  |
|  |
|  |
|  |
|  |
|  |
| Did the accident/incident result in a personal injury? | [ ]  Yes | [ ]  No | (Click or Tick appropriate box) |
| Nature of injury or condition and part of body affected |  |
| Action required to prevent recurrence |  |
|  |
|  |
| **Medical action taken** | [ ]  First Aid | [ ]  Hospital | [ ]  Doctor | [ ]  Other | (Click or Tick appropriate box) |
| **For admin Staff USE only** |
| Did the accident/incident result in the victim being hospitalized for more than 24 hours? | [ ]  Yes | [ ]  No |
| If the victim was a member of the public (visitor, resident, customer, pupil, student, etc.) was he or she taken immediately to hospital? | [ ]  Yes | [ ]  No |
| If an employee, is the victim likely to be incapacitated for work for more than 7 days? | [ ]  Yes | [ ]  No |
| **person recording the accident/incident** |
| Name |       | Date |       |
| **Job Title** |       |
| **Forward completed form to the OIC Safety and Resilience Manager, Environmental, Property & IT Services (Telephone 873535 extension 2255) as soon as possible by email to** **health.safety@orkney.gov.uk** |



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| **To be completed by health and safety TEAM only** |
| **Serious accidents/incidents to be reported immediately** |
| **Date received by Health and Safety Team** |       | **Date investigated** |       |
| **Date Riddor Report sent** |       |
| **Investigation report completed** | [ ]  Yes | [ ]  No | (Click or Tick appropriate box) |

**Adverse Event forms should be kept for a minimum of 3 years from the date recorded.**

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