| Appendix 2: Adverse Event Form | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:health.safety@orkney.gov.uk) | | | | | | | | | | | | | |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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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