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| **THE TRUSTS ARENA INCIDENT REPORTING FORM**  (Send the completed form to the Trusts Arena Health & Safety department within 3 working days of the incident being reported) | | | | **Incident No.** | |
|  | |
| **Section 1 – type of incident** (tick the appropriate box or boxes) | | | | | |
| Complete all sections (page 1 and 2) if reporting an Injury, Report of Pain or Occupational Illness or Disease | | | | | |
| □ Injury | □ Report of Pain | | | □ Occupational Illness or Disease | |
| **Note:**  If you believe a person has been seriously harmed, contact your Supervisor and the Health & Safety or HR department immediately | | | | | |
| Complete sections 1-3 for all other incident reports | | | | | |
| □ Close call | □ Hazard | | | □ Spill | |
| □ Property damage | □ Environmental damage | | | □ Other | |
| **Section 2 – Incident details** | | | | | |
| **Incident Date:** | | **Incident Time:** | | | |
| **Incident Location:** | | **Reported by:** | | | |
| **What Happened?** (Describe in detail what happened, Use an additional sheet of paper for diagrams, photos, etc.) | | | | | |
| **What do you think caused the Incident?** (tick the appropriate box or boxes) | | | | | |
| □ Equipment fault | □ Inadequate training | | | □ Environmental factors | |
| □ Lack of equipment | □ Inadequate supervision | | | □ External factors | |
| □ Lack of PPE | □ Inexperience | | | □ Unsafe work practices | |
| □ Inadequate guarding | □ Failure to follow instructions | | | □ Misconduct | |
| □ Workplace design | □ Lack of attention / tiredness | | |  | |
| □ Other (write details here) | | | | | |
| **What corrective action, if any, was taken?** | | | | | |
| **Was Supervisor notified of Incident?** □ Yes □ No | | | **Date/ Time notified:** | | |
| **Section 3 – Incident sign-off** | | | | | |
| **Incident Reported by:** | | | | | **Date:** |
| **Injured Person** (if applicable): | | | | | **Date:** |
| **Supervisor:** | | | | | **Date:** |
| **Health & Safety Coordinator:** | | | | | **Date:** |

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| **Section 3 – Injured person details** | | | | | | | | | | | |
| Name of Injured Person: | | | | | | | | | | | |
| **Work Status:** | | □ Employee | | □ Contractor | | □ Visitor | | | | □ Other | |
| If injured Person is a Contractor, Visitor, or Other include the following details: | | | | | | | | | | | |
| **Company Represented:** | | | | | **Phone No:** | | | | | | |
| Section 4 – Injury / pain details | | | | | | | | | | | |
| **Location of Injury or Pain**  (put a ‘x’ where injury or pain is on the body) | | | | | **Type of Injury** | | | | | | |
|  | | | | | □ Amputation  □ Broken bone  □ Bruising  □ Burn/scald  □ Chemical exposure  □ Choking  □ Concussion  □ Crushing  □ Cut or Laceration | | | | □ Dental injury  □ Dislocation  □ Foreign body  □ Hearing loss  □ Inhalation  □ Poisoning  □ Report of Pain  □ Strain/sprain  □ Suffocation | | |
| **Severity of Pain** | | | | **Duration of Pain** | | |
| 1. Severe Pain 2. Pain 3. Mild Pain 4. Discomfort 5. No Pain | | | | 1. Is always present 2. Only at work 3. Improves over night 4. Improves during weekends/holidays 5. Occasional | | |
| **Injury Treatment:** | □ None | | □ First Aid | | □ Company Doctor | | | □ Private doctor | | | □ Hospital |
| **Others Details** | | | | | | | | | | | |
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