

Policy:	Accident Incident Report Form	Reference:	AIRFSES0003
		Review Date:	03/2023

Why is it Reportable?					
Tick Relevant Box: Tick Relevant Box:					
Death Death Death					
3-Day + LTI (lost time injury)		Reportable Disease			
Dangerous Occurrence		Environmental Incident			
Enforcement Notice		Near Miss			
		(See near miss report form NMRSES0078)			
Other (please specify)					
Incident Details.		•			
Date of Incident:		Time (24 hr clock):			
Brief description of Incident: Include machinery, p	olant, pro	cess, activity, substances etc.			
Sequence of Events: Details of those involved (injured person and or w	itness)				
Name:	iiiiess <i>)</i> .				
Address:					
Involvement:					
If non-employee state company name, address & telephone No:					
Specific Evidence Collated (tick relevant box):					
Pictures		Witness Statements			
Risk Assessments & Method Statements		Notices, Letters, Correspondences			
SES Engineering & /or client's policies/ procedures		Briefing Records			

Training Records

Other e.g., certs (attached)



ssues / Concerns by Risk Management Team (e.g., missing information/attitudes):	
egislation Applicable:	
Causes of Accident / Incident:	
greed Cause of Accident / Incident:	
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Investigation by Name:.....

Date:....

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Root Cause of Accident / Incident:							
 Personal Factor: DLack of skill or knowledge Correct way takes more time and/or requires more effort. Short-cutting procedures or acceptable practices is positively reinforced or tolerated. In past, did not follow procedures or acceptable practices and no incident occurred. Recommendations: How to prevent reoccurrence of Accident / Incident: 							
Description of preventative / corrective action: P			son nsible:			e Done:	Date Verified:
Names of persons attending acciden	t reporting (circle: (Ind	clude occ	upation or	reason for	ttendina):	
Name:	Employer	· · · ·			Occupatio	•/	
Name:	Employer	:			Occupatio	n:	
Name:	Employer	:			Occupatio	n:	
Name:	Employer				Occupatio	n:	
Name:	Employer	:			Occupatio	n:	
Name:	Employer	:			Occupatio	n:	
Name:	Employer	:			Occupatio	1:	

Distribution:	
Managing Director (s)	
Office Management	
Project / Site Manager	
Client (state who)	
Other (state who)	

Signed:	 (Director/s)
Signed:	 (Health & Safety Consultant)
Date:	

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Continuation Sheet:

Date of Incident:	Time (24 hr clock):	
Brief description of Incident:	Time (24 hr clock):Include machinery, plant, process, activity, substances etc.	
Sequence of Events:		