Person in charge to complete as much detail as possible in part One of the form and submit within 1 day (initial telephone call to be made to SHEQ team member, Director, Regional Manager or Project Manager within 1 hour)

(Send all forms to the SHEQ Department at Head Office or email to – safety@bridgesltd.co.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Contract No: |  | Contract Name |  |
| Bridges PM: |  | Site Location: |  |
| Client |  |
| Client Contact: |  | Client Telephone No. |  |
| Subcontractor |  |
| Date of Incident |  | Time of Incident |  | Date of Report |  |

**Part One**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Injury Incident | Type of Injury |  |
| Name of Injured Person (IP) |  |
| DOB |  |
| Address |  |
| Tel No. |  |
| Employer |  |
| Type/location of injuries or ill health caused |  |
| [ ]  | Security Incident | Description of Incident |  |
| [ ]  | Damage Incident |
| [ ]  | Significant Near Miss |

|  |  |  |  |
| --- | --- | --- | --- |
| Is this reportable to Enforcing Authorities?  |  | If yes, date reported? |  |

|  |  |  |
| --- | --- | --- |
| **Actual severity** | **Potential worst consequence of adverse incident** | **Likelihood of recurrence** |
| [ ]  **Fatal** | [x]  **Serious** | [ ]  **Fatal** | [ ]  **Serious** | [ ]  **Certain** | [ ]  **Likely** | [ ]  **Possible** |
| [ ]  **Major**  | [ ]  **Minor** | [ ]  **Major** | [ ]  **Minor** | [ ]  **Unlikely** | [ ]  **Rare** |

|  |  |
| --- | --- |
| **Likelihood of recurrence** | **Potential worst consequence of adverse event** |
|  | **Minor** | **Serious** | **Major** | **Fatal** |
| **Certain** |[ ] [ ] [ ] [ ]
| **Likely** |[ ] [ ] [ ] [ ]
| **Possible** |[ ] [ ] [ ] [ ]
| **Unlikely** |[ ] [ ] [ ] [ ]
| **Rare** |[ ] [ ] [ ] [ ]

(Insert **X** in the appropriate box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| InvestigationLevel | Minimal level investigation**(Supervisor)** | Low level investigation**(Manager)** | Medium level investigation**(SHEW)** | High level investigation**(SHEW)** |

|  |  |
| --- | --- |
| **Names of witnesses** | **Company & Contact Info** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Brief Description** Brief description of what happened, who was involved, extent of any injury, damage caused, site conditions, weather, etc. (Continue a separate sheet if necessary) |
|  |
| **Were Photographs taken:**(Please attach) | **Y/N** |  |
|  |
| **Actions taken at the time of the incident to prevent reoccurrence.**Ensure measures have been taken to make the incident scene safe and prevent reoccurrence. Detail the measures taken. |
|  |
| **Person Making Report:** |  | **Date** |  |

**Part Two – to be completed by Investigator**

|  |
| --- |
| **Investigation**(Establish what failure caused the incident to occur. Were the controls required by the Health and Safety Plan, Risk Assessments and Method Statements in place and were they being followed? Were the controls adequate? Was STAR considered? Were there any other underlying causes? Ensure any sub-contractor has initiated his incident investigation and reporting procedures |
|  |
| **Conclusion** |
|  |
| **Immediate Causes** |
|  |
| **Underlying Causes** |
|  |

|  |
| --- |
| **Root Causes** |
| **Work environment** |
|[ ]  Defective workplace |[ ]  Lighting |[ ]  Design/layout |[ ]  Noise/distraction |
|[ ]  Housekeeping |[ ]  Weather |[ ]  Lack of room |[ ]  Access/egress |

|  |
| --- |
| **Human Factors** |
|[ ]  Failure to follow rules |[ ]  Lack of experience |[ ]  Failure to adhere to risk assessment |[ ]  Fatigue |
|[ ]  Instructions misunderstood |[ ]  Unsafe attitude |[ ]  Horseplay |[ ]  Working without authorisation |
|[ ]  Error of judgement |[ ]  Undue haste |[ ]  Lapse of concentration |[ ]  Competence |
| **PPE** |
|[ ]  Design |[ ]  Maintenance/defective |[ ]  Not used |[ ]  Wrong type used |
|[ ]  Not provided/unavailable |  |  |  |  |  |  |
| **Management** |
|[ ]  Non-communication of risk |[ ]  Supervision |[ ]  Training |[ ]  System failure |
|[ ]  Documentation |[ ]  Change Management  |  |  |  |  |
| **Plant/equipment** |
|[ ]  Construction/design |[ ]  Safety device |[ ]  Mechanical failure |[ ]  Installation |
|[ ]  Operation/use |[ ]  Maintenance |  |  |  |  |
| **Other** |
|[ ]  Third party |[ ]  Under investigation |[ ]  Other *(state):*  |

|  |
| --- |
| **Other Factors** |
|  |
| **Lessons Learnt** |
|  |

|  |
| --- |
| **Action Plan to prevent recurrence** |
| **Action** | **Action By** | **Date to be closed** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Person Completing Report:** |  | **Date** |  |
| **Person Authorising Report** |  | **Date** |  |