

# **Alpha-1 UK - Accident, Incident and Near Miss Report Form**

**This form must be completed as soon as possible following any accident, incident, or near miss and submitted to the designated Health and Safety Officer or Trustee.**

## **Section 1: Basic Details**

**Date of Report:**

**Time of Report:**

**Type of Report (please tick):**

☐ Accident

☐ Incident

☐ Near Miss

**Date of Incident:**

**Time of Incident:**

**Location of Incident:**

(e.g. office, event venue, online activity, home visit, other)

## **Section 2: Person Completing the Form**

**Full Name:**

**Role:**

Date: 1 February 2026

- ☐ Employee
- ☐ Volunteer
- ☐ Trustee
- ☐ Service User
- ☐ Visitor
- ☐ Other (please specify):

**Contact Details:**

(Email / phone)

**Section 3: Injured / Affected Person(s)**

**Name(s):**

**Role / Relationship to Alpha-1 UK:**

- ☐ Employee
- ☐ Volunteer
- ☐ Service User
- ☐ Member of the Public
- ☐ Other:

**Were they injured?**

- ☐ Yes
- ☐ No

Date: 1 February 2026

If yes, please describe the injury or ill health:

(Include body part affected and severity)

## **Section 4: Description of the Incident**

Please describe **what happened**, including events leading up to the incident.

(Continue on a separate sheet if required.)

## **Section 5: Immediate Action Taken**

**Was first aid required?**

☐ Yes

☐ No

If yes:

- **First aider name:**
- **Action taken:**

**Was medical treatment required?**

☐ GP

☐ Hospital / A&E

☐ Emergency Services

☐ Not required

Date: 1 February 2026

## **Section 6: Witnesses**

**Were there any witnesses?**

☐ Yes

☐ No

If yes, please list names and contact details:

## **Section 7: Hazards and Causes**

In your view, what were the main causes or contributing factors?

(e.g. environment, equipment, procedures, behaviour, communication)

## **Section 8: Risk Assessment**

**Was a risk assessment in place for this activity?**

☐ Yes

☐ No

☐ Not sure

If yes, does it need reviewing or updating?

☐ Yes

☐ No

Date: 1 February 2026

## **Section 9: Preventative Actions**

What actions do you believe could help prevent a similar incident happening again?  
(e.g. training, equipment changes, procedure updates)

## **Section 10: Reporting and Escalation**

**Reported to (name / role):**

**Date reported:**

**Does this incident require further investigation?**

☐ Yes

☐ No

**Is this incident reportable under RIDDOR?**

☐ Yes

☐ No

☐ Not applicable

(If yes, to be managed by the Health and Safety Officer / Trustees)

## **Section 11: Investigation (to be completed by Health & Safety Officer / Trustee)**

**Investigation carried out by:**

**Date:**

**Summary of findings:**

**Actions agreed:**

(Include responsible person and target date)

## **Section 12: Signatures**

**Completed by:**

Name:

Signature:

Date:

**Reviewed by (Health & Safety Officer / Trustee):**

Name:

Signature:

Date:

## **Data Protection Statement**

Information collected on this form will be used solely for health and safety purposes and managed in line with Alpha-1 UK's Data Protection and GDPR policies.