

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:

- 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

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

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

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.