

Questionnaire Print Record

Main Details

Questionnaire Type H&S 1 - Accident, Assault and Near Miss Incident Reporting

Questionnaire Reference QD147136

Priority

Planned Date

Reminder Date

Latest Date

Completed Date

Completed Form

Incident Reference

Status New

Assignment Status

Nominated Person

Secondary Person

Comments

H&S 1 - Accident, Assault and Near Miss Incident Reporting

Incident Details

Only use this Incident Reporting form if

- An accident has occurred and someone was injured
- There has been an assault and someone was injured
- A Near Miss where no one has been injured

For building faults report use the My Service Portal - click on the green question mark below.

What date did the Incident occur?

Answer

What time did the Incident occur? (24 HH:MM)

Answer

Please give a description of the incident to include details of any immediate action taken

Answer

Police Log Number (if applicable)

Answer

Incident Category.

Answer

Was any person present at the time of the incident carrying a Taser?

Answer

Incident Type.

Answer

What activity was being undertaken at the time of the incident? (Please select all that apply)

Answer None Selected

What was involved in this incident? (Please select all that apply)

Answer None Selected

Site Details

Questionnaire Print Record

Did this incident occur on WMP Premises?

Answer

On which WMP Premises did the incident take place?

Answer Non WMP Location

Further Details

Did anyone witness this incident?

Answer

Were any Vehicles damaged/involved during this incident?

Answer

Was any equipment damaged/involved during this incident?

Answer

Were any Substances released during this incident?

Answer

IP [1]

Is the Injured / Affected Person a WMP Employee?

Answer

Was this Injured / Affected person on duty at time of incident? For Non WMP Employees select No

Answer

Was this Injured / Affected person single crewed at time of incident? For Non WMP Employees select No

Answer

Was this Injured / Affected person carrying a Taser at the time of the incident?

Answer

Injuries [1]

Injured Part

Answer

Injury Type

Answer

Injury Severity

Answer

Injury Comments

Answer

**To add another Injured Person click the Additional Injured Person button below.
To add another injury to this Injured Person click the Additional Injuries button.**

Completion Confirmation

Are there any documents associated with this incident?

Answer

Questionnaire Print Record

After selecting Save Form below -

Selecting YES on the submission prompt, will lock this record and you will not be able to make further changes. The submitted record will then be passed to Health and Safety for review.

Selecting NO on the submission prompt, will save the record as a draft, enabling you to edit at a later time, but will not be passed to Health and Safety until such time as you save AND select YES on the submission prompt.

Once passed to Health and Safety you will not be able to update or amend this report.
