

# Incident Report Transfer Form

Please PRINT or type details

<b>Contributed by :</b>		<b>Contact No. :</b>
<b>Company =</b>		

Please select circle options

<b>Who was involved :-</b>			
<b>Type =</b>	Employee	Contractor	Member of Public
<b>Gender =</b>	Male		Female
<b>Age Group =</b>	Child	16 & 17 year olds	Adult

If completing this section; report classed as confidential

<b>Details of injured/ill person :-</b>			
<b>Name :</b>	<b>Age :</b>	<b>Staff =</b>	Yes/No
<b>Address :</b>	<b>If "Yes", state job title :</b>		
	<b>Post Code :</b>		
	<b>Telephone :</b>		

<b>Incident Details :-</b>			
<b>Location or Operational Area :</b>			
<b>Select most appropriate category =</b>			
Manual Handling	Slip	Trip	Fall
Physical Violence	Threat/Abuse	Work Equipment	Other

<b>Description of Incident :</b> (e.g. nature of injury, body part, equipment involved, what happen, level of impact etc.)

Use add-on sheet to if more space is required

## Incident Report Add-on Transfer

**Details of Action taken :-**  
(e.g. treatment given, how made safe, who informed, taken away by ambulance, etc.)

**Name Line-manager to be forward :**

*Note line-manager wishing to hard copy comments prior to on-line completion should use add-on sheet.*

**Named Person "Route for action" :**

*Only applicable if forwarding details to other parties because further action is required.*

*Please select circle as appropriate*

Type/Date/Time of Incident :-				
<b>Major =</b>	Fatality	Lost Time	Medical Treatment	
<b>Minor =</b>	First Aid	No Treatment	-	
<b>Damage/Loss =</b>	Equipment, (work)	Personal Item/s	Surface/Structural	
<b>Near Miss</b>	Threat/Abuse	Unsafe Behaviors	Unsafe Condition	Security Issue

**Incident Date :**

**Incident Time, (please use 24hr clock) :**

**Additional Comments :**

