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| **Monthly Accident/Incident Report** |
| --- |
| Project Number: |       | Project Title: |       |
| Project Manager: |       | Location: |       |
|  |  |  |  |
| Company Name: |       | Site Manager |       |
| Report Date: |       | Site Office |       |
|  |  |  |  |

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| **Monthly Incident Information** | **Number** |
| **Average number of persons employed on the project during the reporting month** |  |
| **Hours worked this month on the project-all personnel** |  |
| **Number of Fatality: Death as result of work- related accident**Refers to any work-related death under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). |  |
| **Number of “Over 7 day Reportable” Injury/Incidents**Refers to any incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). |  |
| **Number of Minor-Injury/Incidents**Other unplanned event that results in injury (less than 7days) or ill health of worker or damage to property or environment |  |
| **Number of Near Misses Reported**Refers to any incident where injury or damage could have been the outcome and where lessons can be learnt from a critical analysis. |  |
| **Total Number of Lost Time Injury Days** |  |
| **Number of environmental incident(s)**For example spillages, contamination etc.  |  |

**Please turn to page 2 of this document to provide breakdowns of any Accidents/Near Misses/Environmental Incidents.**

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| **Health and Safety Monitoring** | **Number** |
| **Number of safety inspections/tours carried out by contractor**  |  |
| **Number of daily activity briefings conducted** |  |
| **Number of tool box talks delivered** |  |
| **Subject(s) of tool box talks and details of any other relevant training carried out:** |

**Breakdown of totals:**

**Accidents**

|  |  |
| --- | --- |
| **Total** | **Body Areas Affected** |
| **Head** | **Eyes** | **Torso (Front)** | **Torso (Back)** | **Arms** | **Hands/ Wrists/ Fingers** | **Legs / Ankle** | **Feet (including toes)** |
| **Falls from Height** |       |       |        |       |       |       |       |       |       |
| **Slips Trips and Falls** |       |       |       |       |       |       |       |       |       |
| **Manual Handling** |       |       |       |       |       |       |       |       |       |
| **Hit by falling material** |       |       |       |       |       |       |       |       |       |
| **Hit by flying material** |       |       |       |       |       |       |       |       |       |
| **Hit by moving vehicle or plant** |       |       |       |       |       |       |       |       |       |
| **Cuts and/or Burns** |       |       |       |       |       |       |       |       |       |
| **Other** |       |       |       |       |       |       |       |       |       |

**Near Misses**

|  |  |
| --- | --- |
| **Near Miss Category** | **Number** |
| **Potential for Injury** |  |
| **Potential for Damage** |  |
| **Potential for Interference to Client Business** |  |
| **Unplanned Alarms/Evacuations of Client Premises** |  |

**Environment**

|  |
| --- |
| **Details of environmental incidents:** |