

*Incident: An event or circumstance which could have, or did lead to unintended and / or unnecessary harm. Please complete this form to the best of your knowledge at the time of reporting the incident.*

## SECTION A: GENERAL INCIDENT DETAILS

**Name of Location**

*(e.g. School, Further Education, Sports Complex)*

**Roll Number**

**Date of incident**

D	D	M	M	Y	Y	Y	Y
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**Time of incident**

H	H	M	M
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*Use 24 hour clock*

**Did this happen**

Onsite or  Offsite

**Location (Tick one only ✓)**

- |   |  |
|---|--|
| <input type="checkbox"/> General Classroom                                  | <input type="checkbox"/> Workshop  |
| <input type="checkbox"/> Practical Classroom                                | <input type="checkbox"/> Office/Reception  |
| <input type="checkbox"/> Laboratory   | <input type="checkbox"/> PE/School Organised Sports  |
| <input type="checkbox"/> Lunch/Break Time Sports                            | <input type="checkbox"/> School Organised Activity (field trips, musicals, tours, work experience) |
| <input type="checkbox"/> General Purpose Area/Facilities/Canteen/Staff Room | <input type="checkbox"/> School Grounds / Yard / Playground / Car Park / Playing Fields            |
| <input type="checkbox"/> Other: _____                                       | <input type="checkbox"/> PE/School Organised Sports  |

## SECTION B: PERSON AFFECTED DETAILS

**First name**

**Surname**

**Date of birth**

D	D	M	M	Y	Y	Y	Y
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Female  Male

**Who was involved...? (Tick one only ✓)**

- Student - Go to section E
- Teacher - Go to section C
- Non-Teaching staff - Go to section C
- Volunteer/ Work Experience - Go to section C
- External Contractor - Go to section D
- Member of Public/Visitors - Go to section E
- Adult Education - Go to section E

## SECTION C: WORK DUTY BEING CARRIED OUT WHEN INCIDENT OCCURED

**Category of person**

*e.g. Teacher, SNA, caretaker, caterer, cleaner*

**Employee no.**

**Activity (Tick one only ✓)**

- |   |   |
|---|---|
| <input type="checkbox"/> Educational Duty             | <input type="checkbox"/> Transport Duty (driving)       |
| <input type="checkbox"/> Office Based Duty            | <input type="checkbox"/> Domestic (cleaning)            |
| <input type="checkbox"/> Recreational/Sporting        | <input type="checkbox"/> Trades/Maintenance (caretaker) |
| <input type="checkbox"/> Surveillance/Monitoring Duty |   |
| <input type="checkbox"/> Other, Please Specify: _____ |   |

## SECTION E: DESCRIPTION OF THE INCIDENT?

*Sequence of events leading up to the incident e.g. How the incident occurred, was this activity supervised, any equipment involved (band saw, scissors etc.)*

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## SECTION D: EXTERNAL CONTRACTOR DETAILS ONLY

**Company name**

**Company no.**

## SECTION F: WHAT WAS THE OUTCOME AT THE TIME OF THE INCIDENT?

	✓ Outcome	Body Part Affected
Near Miss	<input type="checkbox"/> Near miss / No injury e.g. Nearly slipped and fell	E.g. Head, arm, leg, foot, etc.
No Harm	<input type="checkbox"/> No injury e.g. Slipped and fell however no injury	
Harm	<input type="checkbox"/> Injury not requiring first aid	Type of Injury  E.g. Fracture, dislocation, Concussion, abrasion, graze, burn, swelling, bruising, etc.
	<input type="checkbox"/> Injury or illness, requiring first aid	
	<input type="checkbox"/> Injury requiring medical treatment	
	<input type="checkbox"/> Long-term disability / Incapacity (incl. Psychosocial)	
	<input type="checkbox"/> Permanent incapacity (incl. Psychosocial)	
	<input type="checkbox"/> Death	

## SECTION G: IMMEDIATE DAYS LOST/ ABSENTEEISM

Has the incident resulted in absence from work/school?  Yes  No  TBC

Total lost days: \_\_\_\_\_

If Yes: Date absence commenced:        Date returned to work/school:        

## SECTION H: IMMEDIATE ACTIONS TAKEN

*Outline immediate response taken e.g. First aid was given, equipment removed/isolated, spill was cleaned up etc.*

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## SECTION I: REPORTED BY:

First name \_\_\_\_\_  
*Use block capitals*Surname \_\_\_\_\_  
*Use block capitals*Date notified        

Local system reference no. \_\_\_\_\_

Reporter Signature: \_\_\_\_\_

Date        

## SECTION J: WITNESS DETAILS (Name, Contact no. etc.)

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## SECTION K: CONTACTING THE PARENT/GUARDIAN/NEXT OF KIN

Was it necessary to contact the parent/guardian/next of kin?

 Yes  No

Date of contact made:

       

Time of contact made:

     *Use 24 hour clock*

Name of staff member who contacted relevant person \_\_\_\_\_

Name of relevant person whom staff member contacted \_\_\_\_\_

Has the incident been reported to the Health and Safety Authority?

 Yes No Not applicable

Has the incident been reported to Tusla?

 Yes No Not applicable

Has the incident has been reported to An Garda Síochána?

 Yes No Not applicable

## SECTION L: ADDITIONAL NOTES

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 Please tick if supplementary documentation is attached e.g. photographs, sketch etc.