BBC Safety requires accidents / incidents to be reported by the***Injured Party***, or if they are unable to or no injury occurred, by the ***person in charge of the activity***, as soon after the incident as possible. It must be a true and accurate statement of what happened. This report form may be used to collect information on location, but the information collected should then be entered into the BBC online reporting process soon as soon as possible afterwards.

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident Date** | **Incident Time** | **Reporting date** | **Reporting time** |
|  |  |  |  |
| **Incident Type** | [ ]  Production [ ]  Non-Production [ ]  Workplace / Office [ ]  Medical / Health [ ]  Road Traffic Incident [ ]  Non-Work |
| **Incident Category** | [ ]  Damage Only [ ]  Environmental [ ]  Fire [ ]  Health [ ]  Health & Safety [ ]  Injury [ ]  Near Miss [ ]  Poor Work Practice [ ]  Security |
| **Incident Assessment** | [ ]  Less Serious [ ]  Absence from Work Likely [ ]  Person Taken to Hospital [ ]  Broken Bones[ ]  Amputation [ ]  Permanent Loss of Sight or Reduction [ ]  Crush Injury [ ]  Serious Burns[ ]  Scalping [ ]  Loss of Consciousness Caused by Head Injury or Asphyxia |
| **A. Ownership** - which department does the injured person (IP) work for, or which department was in charge of the activity? |
| **Programme, Production, Event or Project** |  |
| **Division (1)** | **Sub-Division (2)** | **Department** | **Unit (if applicable)** |
|  |  |  |  |
| **B. What happened** -give as much detail as you can. Describe events leading up to the incident & the part played by those involved. Please describe any involvement of external organisations (e.g. Police, Fire, Ambulance, HSE, etc.) **Serious accidents, which include those resulting in serious injury, days away from work, hospital treatment or involving the emergency services, must be reported to BBC Safety by phone or email as soon as possible.** |
|  |
| **Immediate Action(s) Taken - What Action has been taken to prevent a recurrence and by whom?** |
|  |
| **Further Actions(s) Required - What further action should be taken and who should take it;**  |  [ ]  You [ ]  Manager [ ]  BBC Workplace |
|  |
| **C. Where did it happen?**  |
| **BBC premises – Yes / No?** | **Country / Region** | **Location / Building** | **Area / Room (if applicable)** |
|  |  |  |  |
| If not on BBC premises, give details of where the incident took place, including details of site ownership / contact details: |
|  |
| **D. Injured Party (IP) & Witness Details -** for incidents involving multiple injured persons, if they are able to, each should complete a separate incident form. If necessary, ask witnesses to provide separate statements. |
| **Was anyone hurt / injured?** |  [ ]  Yes [ ]  No |
| **Were there any witnesses?** |  [ ]  Yes [ ]  No |
| **Title** | **First Name** | **Last Name** | **Injured Party / Witness** |
|  |  |  |  |
| **Home address** (consent of IP / witness required) |
|  |
| **Contact Tel.** |  | **Email** |  |
| **Category of Injured Party** | [ ]  Employee / Freelance [ ]  External (Artist/Contributor, Member of Public, Contractor, Other) |
| **Was the Injured Party at the time of the incident under 18?** |  [ ]  Yes  [ ]  No |
| **IP’s Line Manager** (BBC staff / freelancers only) |  |
| **E. Injury Details** – expand on information given under **‘Incident Assessment’** |
| **Injured Body Parts** – tick all that apply | **Matching Injuries** – tick all that apply |
|  [ ]  Face [ ]  Eye [ ]  Ear [ ]  Other parts of face [ ]  Head [ ]  Several head locations [ ]  Trunk [ ]  Back [ ]  Hand [ ]  Wrist [ ]  Upper limb [ ]  Several upper limb locations [ ]  Neck [ ]  Toes [ ]  Several torso locations [ ]  Foot [ ]  Ankle [ ]  Finger or fingers [ ]  Several locations [ ]  Lower limb [ ]  Several lower limb locations [ ]  Unknown locations |  [ ]  Abrasion / graze [ ]  Acute illness [ ]  Amputation [ ]  Asphyxia [ ]  Break / fracture [ ]  Bruising [ ]  Chemical burn [ ]  Cold burn [ ]  Crush injury [ ]  Cut / laceration [ ]  Dislocation [ ]  Effects of smoke [ ]  Electric shock [ ]  Electric burn [ ]  Electrocution [ ]  Fatal injury [ ]  Foreign body [ ]  Heat induced illness [ ]  Hernia [ ]  Hot burns / scald [ ]  Hypothermia [ ]  Loss of sight [ ]  Puncture / Penetration [ ]  Sprain or strain injury [ ]  Other injury (specify) [ ]  No apparent injury |
| **What happened after incident?** | [ ]  No treatment given [ ]  First aid [ ]  Medical Treatment (beyond First Aid)  [ ]  Fatal |
| **Treatment given by** | [ ]  BBC Employee [ ]  Paramedics [ ]  Security [ ]  Other |
| **Date of treatment** |  | **Time given** |  |
| **Was IP absent from work due to incident (if BBC employee)?** |  [ ]  Yes [ ]  No | **Has IP returned to the workplace yet?** |  [ ]  Yes [ ]  No |
| **F. Damage / Harm to the Environment** – list any damage done to; **Equipment, Vehicle or Property** / **Harm to the Environment** |
|  |
| **G. Sign-off** |
| **Incident report completed by** |  |
| **Notes****Please record the information collated here into the BBC online incident reporting process.** If you are having difficulty doing this, please contact the safety advice line: (+44 (0) 370 411) x0464 or e-mail: safety@bbc.co.uk . Guidance: [*Reporting Accidents & Incidents at the BBC*](http://www.bbc.co.uk/safety/generalsafety/accidentandincident/reporting-accidents-and-incidents.html)*.*  This accident record is used in place of the Form BI 510 Accident Book under the ***Social Security (Claims and Payments) Regulations 1979***.**Privacy Notes -** *Personal information collected during incident reporting and investigation will be used to fulfil the BBC’s obligations under Health and Safety policy and legislation. It will be retained by the BBC for up to 6 years after the incident. It may be shared with other organisations, including our agents and contractors, with whom the risk or the control of risk is shared. You have the right to confirm that any information held about you is correct*.Safety Representatives undertaking their statutory functions may carry out an inspection of the area concerned and speak to staff in order to determine the cause of the accident and may request information on this form. Personal details can only be provided with the consent of the person to whom they relate. |