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](mailto: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. | | | | | | | | | | | | |