

INCIDENT REPORT FORM

Date of incident and person reporting

Date of incident / / Time : Date of report / /

Title Name

Job/Position Contact Tel

Contact Email

About the incident

Incident type Near hit (Cat 1) Incident Accident

Category Minor Serious Major Catastrophic
(incidents and accidents only)

Location	<input type="checkbox"/> MSSC premises	Area	<input type="checkbox"/> Eastern	Physical location	<input type="checkbox"/> Inside
	<input type="checkbox"/> Unit		<input type="checkbox"/> London		<input type="checkbox"/> Outside
	<input type="checkbox"/> SCTC		<input type="checkbox"/> North West		<input type="checkbox"/> Transport
	<input type="checkbox"/> Offshore		<input type="checkbox"/> Northern		<input type="checkbox"/> Other
	<input type="checkbox"/> Event		<input type="checkbox"/> South West		<input type="text"/>
			<input type="checkbox"/> Southern		

Location details

Describe what happened

Work/activity	<input type="checkbox"/> Adventure training/hiking etc	<input type="checkbox"/> Office and administrative
	<input type="checkbox"/> At height, ropes, climbing etc	<input type="checkbox"/> Sports (not maritime activity) but inc swimming
	<input type="checkbox"/> Building, equipment, content maintenance and repair	<input type="checkbox"/> Travelling – walking, cycling, road, rail, sea and air
	<input type="checkbox"/> Ceremonial, representation, presentation and interest visits	<input type="checkbox"/> Unit, SCTC, event, use, teaching, lessons and unit routine
	<input type="checkbox"/> Fund raising	<input type="checkbox"/> Weapons and ammunition
	<input type="checkbox"/> Inspection, audit, review, visits	<input type="checkbox"/> Welfare related to use of welfare facilities, resting, sleeping, consumption or preparation of food
	<input type="checkbox"/> Maritime (not swimming)	<input type="checkbox"/> Stores activities
		<input type="checkbox"/> Other (not included elsewhere)

Description

INCIDENT REPORT FORM (2/3)

Immediate causes

Place/premises	<input type="checkbox"/> No place or premises involved	<input type="checkbox"/> Unsited	<input type="checkbox"/> Failure/collapse	<input type="checkbox"/> Housekeeping/obstacles
Procedure	<input type="checkbox"/> No procedural cause	<input type="checkbox"/> Procedure not followed	<input type="checkbox"/> Inadequate procedure	<input type="checkbox"/> Procedure not enforced
Person	<input type="checkbox"/> No personal cause <input type="checkbox"/> Person not trained	<input type="checkbox"/> Person not supervised <input type="checkbox"/> Person not competent	<input type="checkbox"/> Person not capable <input type="checkbox"/> Ignored/disregarded rule	<input type="checkbox"/> Lact of attention/distracted
Activity	<input type="checkbox"/> No activity cause <input type="checkbox"/> Uncontrolled activity	<input type="checkbox"/> Insufficient controls <input type="checkbox"/> Inadequate controls	<input type="checkbox"/> Recognised potential outcome (sporting injury)	
Equipment substances	<input type="checkbox"/> No equipment or substance involved <input type="checkbox"/> Failure of equipment	<input type="checkbox"/> Release of substance <input type="checkbox"/> Unexpected equipment movement	<input type="checkbox"/> Incorrect equipment or substance used <input type="checkbox"/> Incorrect use of equipment or substance	
Criminal act	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Theft	<input type="checkbox"/> Break-in	<input type="checkbox"/> Arson

Actions taken after incident

Witness statements taken?

Yes
 No

Photos taken?

Yes
 No

Police informed?

Yes
 No

Crime ref number

Police station address/details

About the person involved or injured (if applicable)

Name

Age

Category Cadet Employee Visitor
 CFAV (Inst/UMT) Contractor Public

Gender Male
 Female

Address

Contact number

About the injury

Injury type Cut Bruising, swelling, tenderness Sprain/strain Break Dislocation Amputation Burn Stab/penetrating injury

Side of body Left Right Not applicable

Part of body Abdomen Ankle/foot Back/spine Chest Eyes Fingers/thumbs Groin Hand Head Lower arm Lower leg Lungs Throat Neck Shoulder Toes Upper arm, inc elbow Upper leg, inc knee Whole body Wrist

Treatment None First aid administered Advised to visit GP Taken to hospital Emergency services called Hospitalisation

continued >

INCIDENT REPORT FORM (3/3)

Insurance

Is an insurance claim likely? Yes No If the answer is yes, please fill out as much of the below as possible.

Was this an Approved Activity? Yes No

1. Loss or damage to property, or injury to third party

Ownership MSSC Unit MoD Third party

Person responsible for the property at the time of damage/loss

Motor vehicle involved? Yes No

Cost/value of claim

Full description of property

2. Third party details

Details of third party (if applicable)

Details of any communication received from third party

3. Loss or damage to boats

Description of craft

Name and/or number

Class or type

Engine type and capacity

Fuel

Ownership

MoD

Unit

Private

MSSC

Agreed value of craft

Location of accident

Moorings

Underway

Please state exact location

Was the craft used for Sea Cadet training at the time of the accident? Yes No

If not, for what purpose was the craft used?