**ACCIDENT OR INCIDENT RECORD FORM**

**Accident Incident**

**INJURED PARTY DETAILS:**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Home/Company): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male/Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status (Please tick appropriate box)

Staff Student Visitor Contractor

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Accident/Incident reported to Tipperary ETB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where appropriate, more than one box in each section may be ticked.

**TYPE OF ACCIDENT TICK MAIN AGENT WHICH CAUSED ACCIDENT:**

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Injured/damaged by a person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Struck by/contact with

Caught in/under \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Slip/Trip/Fall

Sharps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Road Traffic Accident/Crash

Exposure to substances/environments **PART OF BODY INJURED TICK**

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Manual Handling Head

Property Damage Eyes

Face

**TYPE OF INJURY** Neck, back, spine

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Fatality Chest, abdomen

Bruise Shoulder

Concussion Upper arm

Internal Injury Elbow

Abrasion/Graze Lower arm, wrist

Fracture Hand

Sprain Finger

Torn Ligaments Hip joint, thigh, kneecap

Burn/Scalds Knee Joint

Frostbite Lower Leg

Injury not Ascertained Ankle

Trauma Foot

Occupational Disease Toe (one or more)

Other (please specify) Multiple Injuries

Trauma, Shock

Other (please specify)

|  |  |  |
| --- | --- | --- |
| **CONSEQUENCES** | **RESULT** | **ANTICIPATED ABSENCE** |
| Fatal  Non-Fatal | Medicine Sent Home  Light Duty Sick Leave | None 1-3 Days  4-7 Days 7 Days + |

Has the accident been reported to

The Health & Safety Authority?YesNoNot Applicable

(see note below)

Have you informed Insurance Company? Yes No Not Applicable

**DETAILED DESCRIPTION OF ACCIDENT/INCIDENT**

Give a full description of:

* The work/activity being carried out when the accident occurred
* The equipment in use (if any)

**PREVENTATIVE MEASURES**

* Measures taken to prevent accident/incident reoccurring:

**Declaration:** IPB Insurance is classified as a Data Controller under Irish Data Protection Legislation. The information you provide to us as part of your claim application will be processed by us to confirm your indentity, process your application and to record and cross reference particulars of yoru claim in insurance industry databases for fraud prevention purposes. This may involve exchanging information with Insurance Link, the anti-fraud claims database run by the Irish Insurance Federation. In certain cases we may also share your information with other insurance providers and private investigators.

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief

**Signature of Teacher present:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Principal / Vice Principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_