**ACCIDENT OR INCIDENT RECORD FORM**

 **Accident: Incident:**

**INJURED PARTY DETAILS:**

**First Name(s):**  **Surname:**

**Address (School/Centre/Office):**

**D.O.B:**

**Status (Please tick appropriate box)**

Staff: Student: Visitor: Contractor:

**If Contractor, what work was taking place:**

**Date of Accident/Incident:**

**Time and Location 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 √ PART OF BODY INJURED √ Specify Side (Left/Right)**

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Injured/damaged by a person Head

Struck by/contact with Eyes

Caught in/under Face

Slip/Trip/Fall Neck, Back, Spine

Sharps Chest, Abdomen

Road Traffic Accident/Crash Shoulder

Exposure to substances/environments Upper Arm

Manual Handling Lower Arm, Wrist Elbow

**TYPE OF INJURY** Hand

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Fatality Finger

Bruise Hip Joint, thigh, kneecap

Concussion Knee Joint

Internal Injury Lower Leg

Abrasion/Graze Ankle

Fracture Foot

Sprain Toe (one or more)

Torn Ligaments Trauma, Shock

Burn/Scalds

Frostbite

Injury not Ascertained Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trauma

Occupational Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify)

**DETAILED DESCRIPTION OF ACCIDENT/INCIDENT**

Give a full description of:

* The work/activity being carried out when the accident occurred
* The part of body where injury occurred **e.g. right arm, left leg, 3rd finger right hand etc**
* Equipment being used if any
* Steps taken after accident happened **e.g. first aider called, taken to doctor, bandage applied etc.**
* Steps taken (if possible) to prevent accident reoccurring

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

**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 / Manager / H&S REP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ENSURE REPORT FORM IS SUBMITTED ON THE DAY OF ACCIDENT / INCIDENT TO:**

**MS. SHAUNA NOLAN, TETB HEAD OFFICE, CHURCH ROAD NENAGH.**