

**Report of an injury or dangerous occurrence - F2508 – COVID 19**

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

This form must be completed by **the manager, officer in charge, head teacher or supervisor** of the location, establishment or work activity. Write clearly in BLOCK CAPITALS. Report all incidents as soon as possible.

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| **Part A About you - manager completes** |

1 Full name?

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| --- |
|       |

2 Job title?

|  |
| --- |
|       |

3 Work telephone number?

|  |
| --- |
|       |

4 Departmental address and postcode?

|  |
| --- |
|       |

5 Type of work?

|  |
| --- |
| Local government |

**Part B About the incident**

|  |  |
| --- | --- |
| 1 Date? |       |

|  |  |  |
| --- | --- | --- |
| 2 Time? |       | Use the 24-hour clock such as 0600 |

3 Did the incident happen at the above address?

 Yes [ ]  **Go to question 4**

No [ ]  Where did the incident happen?

 [ ]  elsewhere in the Council?

Give the name, address and postcode.

 [ ]  at someone else’s premises?

Give the name, address and postcode.

 [ ]  in a public place? Give details of where it happened.

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|       |

4 Exactly where did the incident happen?

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| --- |
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**Part C About the injured person**

If more than one person was injured in the same accident, attach the details asked for in Part C and

Part D **for each injured person.**

1 Full name?

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| --- |
|       |

2 Home address and postcode?

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| --- |
|       |

3 Home phone number?

|  |
| --- |
|       |

4 Age 5 Gender? M/F 6 Ethnicity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |

7 Job title?

|  |
| --- |
|       |

8 Was the injured person - tick **one** box only

 [ ]  a Council employee?

|  |  |
| --- | --- |
|  Employee number |       |

 [ ]  a trainee? Give details?

|  |
| --- |
|       |

 [ ]  a volunteer?

 [ ]  on work experience?

 [ ]  employed by someone else?

 Give name and address of the employer.

|  |
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|       |

 [ ]  self-employed and at work? [ ]  service user?

 [ ]  a member of the public? [ ]  pupil?

**Part D About the injury**

1 What was the injury? For example fracture, cuts.

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2 What part of the body was injured? For example left hand, right eye?

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3 Was the injury - tick **one** box only

 [ ]  a fatality?

 [ ]  a specified injury?

 [ ]  to an employee or self-employed person which prevented them from doing their normal work for **more than 7 days?**

 [ ]  to an employee which prevented them from doing their normal work for **7 days or less?**

|  |  |
| --- | --- |
| Please state for **how many days**? |       |

 [ ]  to an employee which resulted in no lost time?

 [ ]  to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

 [ ]  none of the above?

4 Did the injured person - tick **all** boxes that apply

 [ ]  become unconscious?

 [ ]  need resuscitation?

 [ ]  remain in hospital for more than 24 hours?

 [ ]  none of the above? Give details in Part F.

**Part E Covid-19**

* Date symptoms first started
* Describe symptoms

* Date self-isolation

* Test date

* Test result
* Any underlying health conditions?
* Were you working with customers with confirmed or suspected COVID- 19?
* Were you working within close proximity to those customers?
* Did you wear the appropriate personal protection equipment as identified for the tasks being undertaken?
* Have you worked anywhere else (for another organisation – name of organisation)

* Has anyone within your household been symptomatic or confirmed with COVID-19?

**Part F About what happened**

Give as much detail as you can. For instance:

* the name of any substance involved
* the events that led to the incident
* what the injured person was doing
* the role of any other people.

Continue on a second sheet of paper if you need to.

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|  |

Describe the practical action you have taken to prevent a similar incident happening again. This may include changing work practices, providing extra training or issuing additional protective equipment.

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**Part G Signatures**

**Manager or officer**

**in charge Injured person**

|  |  |  |
| --- | --- | --- |
|       |  |       |

**Date Date**

|  |  |  |
| --- | --- | --- |
|       |  |       |

**Send this form to Corporate Health and Safety -**

**employee.healthandsafety@derby.gov.uk**

**Signing this form is not an admission of liability.**

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| --- |
| All information will be treated in confidence in accordance with the Data Protection Act 1998. |