



Huntington's  
Disease  
Association

# Accident and incident form

Issue date:	July 2025
Version number:	2
Review date:	July 2027
Status:	Approved

# Accident and incident form



This form must be completed when there has been an accident, incident, near miss or threat on charity premises or whilst a staff member, volunteer or service user is engaged on / in charity business. This includes physical, verbal and written incidents. Once completed, please sent to your line manager, Head of Department or relevant charity contact for review, investigation and further reporting as necessary.

Information given may be passed onto the Health & Safety Executive (where this is required by law); our Insurers (to advise on risk/claims matters); our HR professionals (to provide information about accidents or incidents, injuries and illness), and Heads of Department (to discuss general accident and adverse incident prevention strategies).

## CONTACT DETAILS - PERSON COMPLETING FORM

Complete the below with details of the person filling in the form

<b>Name</b>	
<b>Job title / Volunteer role</b> <i>(as relevant)</i>	
<b>Telephone number</b>	
<b>Mobile number</b>	
<b>Address</b>	
<b>Email address</b>	

## CONTACT DETAILS - PERSON AFFECTED *(if different from above)*

Complete the below with details of the person affected by the accident or incident

<b>Name</b>	
<b>Job title / Volunteer role</b> <i>(as relevant)</i>	
<b>Telephone number</b>	
<b>Mobile number</b>	
<b>Address</b>	
<b>Email address</b>	

## DETAILS OF THE ACCIDENT, INCIDENT OR NEAR MISS

Provide details of the accident, incident or near miss below.

### What was the category of the event?

*(Insert X where this applies, it may fall into more than one category)*

<i>Accident</i>		<i>Incident</i>		<i>Near miss</i>		<i>Threat</i>	
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### What date(s) did it happen?

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### What time(s) did it happen?

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### Where did it take place?

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### Who was involved?

*Provide name and contact details as relevant of those involved or any witnesses*

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### What happened?

*Describe in detail the near miss, accident or incident including the events that lead to it such as the conditions, environment, reason for being there etc.*

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### Was an injury / illness sustained?

*Describe any injuries, loss of consciousness, resuscitation etc.*

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### What action was taken?

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*Describe any action taken, for example, if emergency services were called, if treated by a First Aider, what treatment was provided, if person returned to work afterwards etc.*

**Has this incident, accident or near miss happened before?**

**Has anyone admitted liability?**

## SIGNATURE

**Date form completed**

**Signature of person completing the form**

*For completion by Line Manager / Head of Department /  
Main charity contact only*

## REPORTABLE ACCIDENTS AND INCIDENTS

<b>HSE Injury Classification</b>	<i>Insert X</i>	<b>HSE Incident Classification</b>	<i>Insert X</i>
Fatal injury		Contact with electricity	
Bone fracture excluding finger, thumb or toe		Contact with machinery	
Amputation of arm, hand, finger, thumb, leg, foot or toe		Drowned or asphyxiated	
Blinding or permanent sight reduction		Exposed to explosion	
Crush injuries leading to brain damage or organ damage		Exposed to fire	

Serious burns		Exposed to a harmful substance	
Scalping requiring hospital treatment		Fall from a height (if so, how far?)	
Loss of consciousness caused by head injury or asphyxia		Injured by an animal	
Injuries associated with working in an enclosed space leading to hypothermia or heat-induced illness, resuscitation, hospitalization for over 24 hours		Lifting and handling injuries	
		Physical assault	
<b>Did the injured person...</b>		Slipped trip or fall on the same level	
...become unconscious?		Struck against something	
...need resuscitation?		Struck by an object	
...sustain an injury which required them being taken straight to hospital?		Struck by a moving vehicle by something moving, flying or falling	
...remain in hospital for more than 24 hours?		Trapped by something collapsing	
...due to the incident become unable to work for more than 7 days?  <i>(RIDDOR reportable)</i>		An <b>occupational disease arising out of the work</b> (e.g. dermatitis).  <i>(Check if RIDDOR reportable based on specific details)</i>	
...due to the incident become unable to work for more than 3 days?  <i>(Not RIDDOR reportable)</i>		A <b>dangerous occurrence</b> (e.g. a near-miss) which could have been serious.  <i>(Check if RIDDOR reportable based on specific details)</i>	
<i>None of the above</i>		<i>None of the above</i>	
<b>Is the accident/incident reportable under RIDDOR?</b>			
<i>(Insert X)</i>			
<i>Yes</i>		<i>No</i>	
<b>If 'Yes', date reported</b>			

## ACCIDENT OR INCIDENT INVESTIGATION AND PREVENTION

<b>Has an investigation been carried out?</b>					
<i>(Insert X)</i>					
<i>Yes</i>		<i>No</i>		<i>Not applicable</i>	
<b>If 'Yes', by whom?</b>					
<b>What were the conclusions?</b>					
<b>Was the activity covered by a risk assessment?</b>					
<i>Yes</i>		<i>No</i>		<i>Not applicable</i>	
<b>If 'Yes', does the risk assessment need revising?</b>					
<b>If 'No', is a risk assessment needed?</b>					
<b>Management notes and summary of further actions required</b>					

## SIGNATURE

<b>Date completed by Line Manager / Head of Department / Main Charity contact</b>	
<b>Signature of Line Manager / Head of Department / Main Charity contact</b>	