****

**CONFIDENTIAL**

 **Health and Safety Incident Investigation Form**

Any university work or premises related health and safety incident involving staff, students, tenants, contractors or visitors should be recorded on the University’s *Health and Safety Incident Report Form* and forwarded to Workplace Health, Safety and Wellbeing (WHSW).

If the incident requires investigation, WHSW will forward the Health and Safety Incident Report form and this form to the responsible manager, who will need to ensure an investigation, is completed. The responsible manager is the person responsible for the injured employee / student or the activity that was being undertaken. Premises defects are forwarded to Estates Management Section.

Investigation can be delegated, but the responsible manager should sign the form to confirm they are satisfied with the outcome and that appropriate remedial action has been taken.

|  |  |
| --- | --- |
| **Date of Incident:** |  |
| **Incident Report ref (if known):** |  |
| **Name of responsible manager:** |  |
| **Name of person investigating incident:** |  |
| **Job role:** |  |
| **Department:** |  |
| **Contact details:** (extn / login): |  |
| **Investigation date:** |  |

**About the person affected**

|  |  |
| --- | --- |
| **Name:** |  |
| **Department:** |  |
| **Contact details:** (telephone, e-mail or login): |  |
| **Further information about the injury/damage:** Record any additional information that was not on the Incident Report Form |  |
| **If ill health was reported, was it diagnosed by a medical practitioner?** | Yes / No / NA |
| **Did the incident result in employee being unable to do their normal work?** | Yes / No / NA |
| **If yes, for how long?** Include non-working days**.** If employee has not yet returned add a + after the days so far |  |

**About the Incident**

|  |
| --- |
| **Further information about what happened** Record any additional information that was not on the Incident Report Form. |
| Please give details of people interviewed as part of the investigation:**Name:****Status:** (e.g. employee, student)**Role in incident:** (e.g. Supervisor, witness)**Date interviewed:** |

**Investigation** (Continue on another page if you need more space):

|  |
| --- |
| **Control measures currently in place for this activity** (E.g. risk assessment, safe working procedures, training, maintenance, permit to work, personal protective equipment). |
|  |
| **What do you think contributed to the incident?**(E.g. premises defect, faulty equipment, weather conditions (describe), unsafe work methods, inadequate training). *Please retain any equipment involved for inspection by WHSW or insurers.* |
|  |
| **What action has been taken to prevent a recurrence?**(E.g. modified controls, revised maintenance regime, training).  |
|  |
| **Has the risk assessment for the activity been reviewed following the incident?** Yes / No  |
| **Date:** |
| **Signature of responsible manager:** |

Thank you for helping the University to provide a supportive, safe and healthy work environment by investigating this incident. Please forward this form to the Workplace Health, Safety and Wellbeing: ***WHSW, room 4S.6.2, Colchester Campus***.

**Your privacy:** The information provided on this form and the data held on our systems is stored securely in the UK and kept in line with our retention schedules and will only be disclosed within the University to members of staff who need to know it in order to carry out their duties, e.g. the Occupational Health Service and the University Insurance Officer. Relevant information will be disclosed outside the University where it is required by law to do so. In the event of a personal injury claim, information may be disclosed to the University's Insurers. Anonymised data may also be disclosed to relevant Trade Union officials.

**WHSW Action only:**

|  |  |
| --- | --- |
| **Name of reviewing adviser:**  |  |
| **RIDDOR reportable?** | Yes / No |
| **If yes report reference:** |  |
| **Date:** |  |
| **Further action taken / Investigation notes:** (include dates): |