

**Incident and Injury Record Form**

The purpose of this form is to record all incidents and injuries.

**Record of Incident or Injury (Please complete within 24hrs for all incidents)**

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| **Name of person completing this form:** |  | **Faculty/Service** | **Campus Services - Sport** |
| **Injured Person Details:** |
| **Surname:** |  | **Forename:** |  |
| **Faculty/Service:** |  | **Home Address:** |  |
| **Occupation:** |  | **Work/Home Tel:** |  |
| **Age:** |  | **Sex: M/F:** |  | **Line Manager Name & Tel:** |  |
| **Status** (please circle):  | **Employee** | **Contractor** | Visitor | Member of the public | Student | Other |

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| **Description of Incident/Injury** |
| **Exact Location of Incident/Injury:****(Building and area)** |
| **Date:** | **Time:** | **First Aider Name:** |
| **Description of Injury/Condition:**  |
| Type of Incident (circle as required) | Severity of Incident |
| **Hazard or Near Miss** | **Injury** | **Ill Health** | **Other** | **Minor** | **Major** | **Fatal** |

**Injury Type/Treatment**

|  |  |  |  |
| --- | --- | --- | --- |
| This section **MUST** be completed.If no injury or damage occurred, record the incident as a near miss with no injury.Where there is more than one injury, place a number on the part of the body affected and put the same number in the type of injury. Continue until all of the injuries are listed. | **Body Map** | **Abrasion / Bruising** |  |
| **Amputation** |  |
| **Asphyxiation / poisoning** |  |
| **Burn / scald** |  |
| **Concussion / internal injuries** |  |
| **Dislocation** |  |
| **Electric Shock** |  |
| **Fracture** |  |
| **Lacerations / cuts** |  |
| **Loss of Sight / eye damage** |  |
| **Multiple Injuries** |  |
| **Natural Causes** |  |
| **Penetrating Injury** |  |
| **Respiratory distress** |  |
| **Sensitisation / irritation** |  |
| **Shock / stress** |  |
| **Sprain / strain** |  |
| **Superficial Injury** |  |
| **Other (please specify below)** |  |
|  |

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| --- |
| **Describe first aid treatment given:** |
| **Off-site treatment required:** Yes/NoA&E/GP/Walk-in Centre/Returned to work/other (circle as necessary) |
| **Has the incident area been made safe?****i.e. has the immediate danger/chance of escalation been removed** | Yes**/**No**/**N/A |

|  |
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| **Describe briefly how the incident/injury occurred?****(Include events leading up to the incident. Use plans, photos, or diagrams as necessary) refer to attached guidance.** |
| **Describe any equipment/tools/substances being used at the time of the incident:** |
| **Incident type: tick as appropriate** |
|  | **Animals – Attack by** | 1 |  | **Machinery (Excluding Vehicles)** | 20 |
|  | **Building/Scaffolding Collapse** | 2 |  | **Microbiological Release** | 21 |
|  | **Burns** | 3 |  | **Molten Metal Release** | 22 |
|  | **Work Equipment Failure** | 4 |  | **Other Causes** | 23 |
|  | **Crushed** | 5 |  | **Portable Power Tools** | 24 |
|  | **Dangerous Occurrence** | 6 |  | **Radiation** | 25 |
|  | **Drowned** | 7 |  | **Spillage of Chemicals/Harmful Substances** | 26 |
|  | **Electricity** | 8 |  | **Sports Injury** | 27 |
|  | **Explosions** | 9 |  | **Striking against Stationary Object** | 28 |
|  | **Falls from Height** | 10 |  | **Struck by Moving Object** | 29 |
|  | **Falls on level – Slip/Trip/Stumble** | 11 |  | **Traffic** | 30 |
|  | **Falls on Stairs** | 12 |  | **Trapped** | 31 |
|  | **Fires** | 13 |  | **Near Miss** | 32 |
|  | **Hand Tools** | 14 |  | **Violence to Staff** | 33 |
|  | **Manual Handling** | 15 |  | **Verbal Abuse** | 34 |
|  | **Sharps** | 16 |  | **Nip** | 35 |
|  | **Contact with Harmful Substances** | 17 |  | **First Aid** | 36 |
|  | **Infectious Materials** | 18 |  | **Ill Health** | 37 |
|  | **Laser Beams** | 19 |  |  |  |
|  |
| **Northumbria Sport Use Only** |
|  |
| **User Type** | **Activity** | **Club/Team** | **Lead Person** |
| **Gym/Swim User** |   |   |   |
| **Group Exercise User\*** |   |   |   |
| **Just HIRE** |   |   |   |
| **Just TRY\*** |   |   |   |
| **Just PLAY\*** |   |   |   |
| **Student Sport Club\*** |   |   |   |
| **External Hires** |   |   |   |
| **External Event** |   |   |   |
| **Kids Camps\*** |   |   |   |
| **Other (please specify)** |   |   |   |
|  |  |  |  |
|  |  |  |  |  |  |



**APPENDIX 1 - Northumbria Sport Only**

**PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS**

**To be used with all Sport and Activity related injuries in conjunction with the IR1 form**

**First Name Surname**

**Day Date**

**Activity Type PLEASE COMPLETE**

|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **a)** |  | **Core Services (Facilities)**  |  |  |  |  |
|  |  | Organised Activity |  |  |  |  |  |  |  |
|  |  |  |  |  | Activity Type (e.g. Group Exercise Class) |  | Location |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Individual Activity |  |  |  |  |  |  |  |
|  |  |  |  |  | Activity Type (e.g. Swim) |  | Location |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **b)** |  | **Compete** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Training Session |  |  |  |  |  |  |  |
|  |  |  |  |  | Sport |  | Location |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Match |  |  |  |  |  |  |  |
|  |  |  |  |  | Sport |  | Location |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Lead Person |  |  |  |  |  |  |  |
|  |  |  | e.g. Coach, Captain, Volunteer, Staff Member  |  |  |
| **c)** |  | Sport Development |  |  |  |  |  |
|  |  |  |  |  | Activity Type Location

|  |  |  |
| --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |  |
|  |  | Lead Person |  |  |  |  |  |  |  |
|  |  |  | e.g. Coach, Captain, Volunteer, Staff Member  |  |  |
|  |  |  |  |  |  |

 **Indoors / Outdoors (please circle)**

 **If outdoors, please tick one of the following Weather Conditions at the time of the Incident;**

 **ground conditions: Tick all which apply**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Hard** |  |  **Frozen** |  |  | **Clear and Sunny** |  |  | **Cold** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  **Soft** |  |  **Snow** |  |  | **Overcast** |  |  |  | Mild |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  **Wet** |  |  **Muddy** |  |  | **Raining** |  |  |  | **Hot** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  **Icy** |  |  **Normal** |  |  | **Snowing** |  |  |  |  |  |