

**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)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |  |
|  | |

|  |  |
| --- | --- |
| **Describe first aid treatment given:** | |
| **Off-site treatment required:** Yes/No  A&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 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | |  |  |  |  |
|  |  |  | | | |  |  |  |  |
| **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   |  |  |  | | --- | --- | --- | |  |  |  | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 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** |  |  |  |  | |  |