RIDDOR Report

Record incidents that must be reported to the HSE under RIDDOR regulations. Covers serious injuries, diseases and dangerous occurrences.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Incident Details

1 Location of incident *

Address or coordinates

2 Address where incident occurred

3 Postcode

4 Was the incident on your premises

☐ Yes ☐ No ☐ N/A

5 What work was being carried out *

Reporting Organisation

6 Organisation name *

7 Address *

8 Postcode *

9 Nature of business

10 Local authority area

Person Submitting Report

11 Your name *

12 Job title

13 Telephone number *

14 Email address *

15 Date of report *

Type of Reportable Incident

16 Report type *

- ◯ Death
- ◯ Specified injury
- ◯ Over 7 day incapacitation
- ◯ Occupational disease
- ◯ Dangerous occurrence
- ◯ Gas incident

Injured Person Details

17 Full name of injured person *

18 Date of birth

19 Home address

20 Home postcode

21 Gender

- ◯ Male
- ◯ Female
- ◯ Prefer not to say

22 Status *

- ◯ Employee
- ◯ Self-employed
- ◯ Trainee
- ◯ Member of the public
- ◯ Other

23 Occupation or job title

24 How long in this job

Injury Details

25 Type of injury

- ◯ Fracture
- ◯ Amputation
- ◯ Dislocation
- ◯ Loss of sight
- ◯ Chemical burn
- ◯ Electrical burn
- ◯ Crush injury
- ◯ Hypothermia
- ◯ Loss of consciousness
- ◯ Requires resuscitation
- ◯ Requires hospital admission over 24 hours
- ◯ Other specified injury

26 Part of body injured

- ◯ Head
- ◯ Eye
- ◯ Face
- ◯ Neck
- ◯ Back
- ◯ Shoulder
- ◯ Arm
- ◯ Elbow
- ◯ Wrist
- ◯ Hand
- ◯ Finger
- ◯ Torso
- ◯ Hip
- ◯ Leg
- ◯ Knee
- ◯ Ankle
- ◯ Foot
- ◯ Toe
- ◯ Multiple locations

27 Side of body

- ◯ Left
- ◯ Right
- ◯ Both
- ◯ Not applicable

28 Description of injury *

Incapacitation Details

29 Date of first absence

30 Is the person still absent

- ☐ Yes
- ☐ No
- ☐ N/A

31 Date returned to work

32 Total days of incapacitation

Occupational Disease Details

33 Type of disease

- ◯ Carpal tunnel syndrome
- ◯ Cramp of hand or forearm
- ◯ Occupational dermatitis
- ◯ Hand arm vibration syndrome
- ◯ Occupational asthma
- ◯ Tendonitis
- ◯ Occupational cancer
- ◯ Other

34 Date of diagnosis

35 Name of diagnosing doctor

Dangerous Occurrence Details

36 Type of dangerous occurrence

- ◯ Collapse of scaffolding
- ◯ Failure of lifting equipment
- ◯ Electrical short circuit or overload causing fire
- ◯ Unintended collapse of building
- ◯ Explosion or fire
- ◯ Release of flammable substance
- ◯ Escape of hazardous substance
- ◯ Equipment coming into contact with overhead power lines
- ◯ Collapse of excavation
- ◯ Other

37 Description of dangerous occurrence

Description of Incident

38 Describe what happened *

39 What was the injured person doing at the time

40 What equipment or substances were involved

41 How did the incident happen *

42 Name any other people involved

Immediate Cause

43 What caused the incident *

44 Contributing factors

Actions Taken

45 First aid or medical treatment given

46 Immediate actions taken

47 Steps taken to prevent recurrence

HSE Submission

48 HSE reference number

49 Date submitted to HSE

50 Method of submission

- ◯ Online
- ◯ Telephone
- ◯ Post

51 Confirmation of submission

Attach file here

Internal Records

52 Related internal incident report

53 Investigation reference

54 Additional notes

55 Supporting documents or photos

Attach file here

Sign-off

56 Report completed by *

57 Signature *

Signature

58 Date approved