Hampshire County Council
Outdoor Centres

Reporting an Accident or Incident Form

This form is to be completed by the HCC employee who has been involved in the accident or incident. Where the accident or incident relates to a client or member of the public or non-HCC Employee then it should be completed by, or on behalf of the responsible manager.

HOC Minor Incident Form (see categories below) information is reviewed by the Manager and held on the HOC Incident DB.

HCC Accident and Incident - this form is to assist in the reporting of accidents where direct access to the on-line Accident Reporting System is not available. Any information recorded using this form must be entered on to the Corporate Accident Reporting System with 24 hours of the Accident/incident occurring.

HOC Minor Incident or Safeguarding Form (IF) – NOT reported online

- ☐ Minor safeguarding, bullying, behaviour
- ☐ Damage to property
- ☐ Missing person
- ☐ Minor medical issue
- ☐ Theft
- ☐ Sickness
- ☐ Other

HCC Accident / Incident – (Reported online within 24 hrs)

- ☐ Accident – something that resulted in injury
- ☐ Near Miss
- ☐ Occupational ill Health (refer to Manager)
- ☐ Road Traffic accident/incident (that resulted in an injury)
- ☐ Violence and aggression (a person is abused, threatened or assaulted)
- ☐ Dangerous Occurrence (Refer to manager)

Details or person Involved:

First name:		Surname:	

HCC Employee ☐ School Pupil ☐ Member of the public / non-HCC employee ☐ DOB (if known) ☐

Address (if member of public)	Postcode: Phone No:

Was anybody else involved? No ☐ Yes ☐ Add details as above on separate sheet

Location of incident

Name of premises: (or location)	
Where on the premises did the incident take place	
Description of activity	*(Archery, walking about site etc.)*

Name of school / group / course		Instructor name (if taught activity)	
Person completing report (if different)		Signed - person completing report	
Date of incident		Time of incident	

Details of incident

What was the main injury?
(Cut, fracture, bruising etc)

What part(s) of the body was affected?
(*Arm, leg, head etc)*
Left / Right

Before completing this section please refer to the following guidance: HOC - Accident & Incident Form Wording Guidance

Describe what happened and consider the following; who else was involved, any adverse conditions, equipment or PPE being used, chemicals or substances involved, behaviour of individuals at the time.
(Use separate sheets for diagrams, photos/CCTV or witness statements if required)

Was the person taken from the site of the accident to hospital? ***Yes / No*** If yes, did they receive treatment? ***Yes / No***

Result of injury (Circle)						
No treatment	First Aid	Minor Injury	Specified Injury	Taken to hospital	1-7 days absence	Over 7 days absence

Manager Notes / Actions / Follow up	**Are follow up actions required (list below)?** ***Yes / No***
Manager name:	Date:

Admin – Details of who completed online reporting and addition to HOC database

HOC Incident form no:		Entered HOC DB by:		Date:	

HCC Online form HSAR no:		Entered online by:		Date:	
Redacted group summary sheet or personal med / consent form attached (unless member of public)		Checked by:			
HCC Online form HSAI no *(if known):*		Entered HOC DB by:		Date:	