**Contractor Incident Notification**

(Guidance on completion can be found at SWP Control of Contractors)

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| --- |
| **CHSS Use Only** |
| RIDDOR Reportable |
| **YES [ ]**  | **NO [ ]**  |
| Date Reported |
|       |

**Incident Type**

|  |  |  |
| --- | --- | --- |
|  | Tick as appropriate | Details |
| Specified / Major | **[ ]**  | Death / Fatality / Serious injury / media attention / significant damage / significant near miss / legislation breach |
| Significant | **[ ]**  | 7 or more days injury and/or media attention / significant damage and/or significant near miss / policy breach |
| Minor | **[ ]**  | 0 to 6 days injury incident / minor damage / near miss / Hazard |

All sections of this form must be completed in full and forwarded on to the Corporate Health and Safety Service (CHSS) as soon as is reasonably practicable. For Specified / Major Incidents, CHSS must be informed by the quickest means possible i.e. telephone.

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| --- |
| **Injury Incident**  |
| **Injury Incident:** | No | **[ ]**  | Yes | **[ ]**  |



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| --- |
| **Event Details**  |
| **Occurrence / Event Date:** |       |
| **Description of Occurrence / Event:** |       |
| **Immediate Action Taken:** |       |
| **Location of Incident** |       |

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| --- |
| **Additional Details** |
| **Main / Principle Contractor:** |       |
| **Contractor 1:** |       | **Contractor 2:** |       |
|  |  |
| **Consultancy Project Manager:** |       | **Client Contact:** |       |
| **CDM-C** (Where Applicable)**:** |       | **Project / Contract Name:** |       |
| **Incident Report Reference No** (Online Incident Reporting System)**:** |       | **Project Reference No:** |       |
|  |  | **Project / Contract Manager:** |  |
|  |  |
| **Name of Manager / Person Reporting:** |       | **Contact Details:** |       |
| **Estimated Date of Full Report:** |       |

