



Accident, Incident and Near-Miss Form

			Reference No: (office use only)		
Type of Incident : (See 'Definitions' for information on Unsafe Acts and Conditions)					
<u>Unsafe Condition</u> <input type="checkbox"/>	<u>Unsafe Act</u> <input type="checkbox"/>	<u>Near-Miss</u> <input type="checkbox"/>	<u>Personal Injury</u> <input type="checkbox"/>	<u>Property Damage</u> <input type="checkbox"/>	<u>Environmental</u> <input type="checkbox"/>
If the incident affects the safe operation of the railway, have you informed the Duty Officer?		Yes <input type="checkbox"/>	Have you informed your Head of Department, Team Leader of Supervisor?		Yes <input type="checkbox"/>

Details of the incident: (please provide facts only) Please attach additional sheets as necessary
Please provide evidence where possible (example CCTV, phone photos or video, witness statements)

Location of the Incident:	
<input type="checkbox"/> Comberton Place	<input type="checkbox"/> Bridgnorth MPD / ES
<input type="checkbox"/> Kidderminster Station / Facilities	<input type="checkbox"/> Permanent Way
<input type="checkbox"/> Bewdley Station / Facilities	<input type="checkbox"/> Level / Barrow Crossing (please specify in 'Other')
<input type="checkbox"/> Bewdley Yard	<input type="checkbox"/> Carriage & Wagon (Kidderminster)
<input type="checkbox"/> Northwood Halt	<input type="checkbox"/> Diesel TMD
<input type="checkbox"/> Arely Station / Facilities	<input type="checkbox"/> Carriage Shed
<input type="checkbox"/> Highley Station / Facilities	<input type="checkbox"/> Train / Carriage
<input type="checkbox"/> The Engine House	<input type="checkbox"/> Public Venue – Inside
<input type="checkbox"/> Country Park Halt	<input type="checkbox"/> Public Venue / Highway – Outside
<input type="checkbox"/> Hampton Loade Station / Facilities	<input type="checkbox"/> Vehicle (SVR, Private or Public)
<input type="checkbox"/> Bridgnorth Station / Facilities	<input type="checkbox"/> Not Reported / Recorded
<input type="checkbox"/> Other (please specify)	

When did the incident happen?				
Date:		Time:		
Weather conditions on the day?				
Raining	Windy	Icy	Snowing	Fog
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corporate Record	Number	Date	Issue	Author	Page	1
	FRM-0031	09/02/2021	2	R. Morris (Health and Safety Manager)	Pages	3



Accident, Incident and Near-Miss Form

Person(s) involved / affected:			
SVR Staff	<input type="checkbox"/>	Member of Public (Adult)	<input type="checkbox"/>
External Contractor	<input type="checkbox"/>	Member of Public (Child)	<input type="checkbox"/>
Uninvited Visitor	<input type="checkbox"/>	Other	<input type="checkbox"/>

Details of person making this report:			
Name:			
Job Title:			
Date:		Time:	
Signature:			

Injured person's details:	
Name:	
Address:	
Tel:	
Date of Birth:	
SVR Department: (if a member of staff)	
Details of Injury: (e.g., left index finger).	
Name of First Aider:	
Outcome of Treatment: (e.g., advised to see GP / hospital visit)	

Witness details:	
Name:	
Address:	
Tel:	

Corporate Record	Number	Date	Issue	Author	Page	2
	FRM-0031	09/02/2021	2	R. Morris (Health and Safety Manager)	Pages	3



Accident, Incident and Near-Miss Form

Instructions for use

General

All cases of personal injury, whether to members of the public or to employees, together with 'near misses', property damage, environmental damage and operating incidents shall be properly and fully reported to the Health and Safety Manager in accordance with the instructions laid down in the Safety Management System (SMS-POL-101) and as required by the Safety Committee.

This form has been designed to simplify the reporting process.

Instructions

1. **The completed Form must be duplicated and submitted to the Health and Safety Manager by the quickest practicable means.**
2. An adequate supply of this Form must be kept with the First Aid Kit at all staffed locations.
3. In the event of any personal injury, accident, near-miss, property damage, environmental damage or operating incident, the local Manager or Supervisor must complete the form.
4. The person making the report should print his or her name, sign and date the form in the space provided.
5. The form must be completed in as much detail as possible. Any separate sheets with additional notes should be attached.
6. Any CCTV tape which may cover the incident, or photos /video taken should be retained and their details (and location) entered. The contact details of any witnesses and brief details of any property damaged should also be entered.
7. The Health and Safety Manager shall consider the report and decide the level of investigation required.
8. When the Investigation is complete and the Form is signed off, it must be returned to the Health and Safety Manager and recorded on file in accordance with the Company's Archives and Records policy.
9. Completed forms should be retained for 3 years (in the case of Personal Injury or a Near-Miss involving an adult) or 6 years (in the case of Property or Environmental damage).
10. Completed forms relating to injuries involving a child will be kept until the child's 21st Birthday.

Definitions:

Unsafe Condition: An unsafe condition is a HAZARD. An example may be a trailing cable across a walkway, or a blocked fire exit. It may even be rusted or loose rigging attachment points.

Unsafe Act: An unsafe act is a person working irresponsibly or unsafely, e.g. walking under a suspended load, or using ladders incorrectly, or ignoring obvious hazards, such as trailing cables.

Near Miss: A near miss is an incident, for which, subject to time and change in circumstances, may have led to personal injury (or property damage). An example is walking under a suspended load which falls, narrowly missing you.

Personal Injury: An accident which has led to one or more persons being injured, no matter how small or trivial.

Property Damage: An incident which led to property damage which may be as well as, or instead of, personal injury.

Environmental: Incidents which has a direct effect on the local environment, such as a large chemical spill.

Relevance (Documents to which this form relates)

SMS-POL-101 Safety Management System	SMS-PROC-102 Incident Reporting Procedure
--------------------------------------	---

Corporate Record	Number	Date	Issue	Author	Page	3
	FRM-0031	09/02/2021	2	R. Morris (Health and Safety Manager)	Pages	3