

APPENDIX 38

FORM OF NOTICE OF ACCIDENT

APPROVED UNDER THE SAFETY, HEALTH AND WELFARE AT WORK (GENERAL APPLICATION) REGULATIONS, 1993

(Before completing this form, please see INSTRUCTIONS overleaf)

S.I. No.44 of 1993

DETAILS OF INJURED PERSON				Is the injured person:	
Name:	Date of birth:	Sex:	<input type="checkbox"/> Employed Full Time		
Address:	Nationality:	Length of Service	Years	Months	<input type="checkbox"/> Employed Part Time
	RSI Number:	Date of Accident:	Time of Accident		<input type="checkbox"/> Self-employed
Occupation:	Time of starting work:	Normal time of finishing work:		<input type="checkbox"/> A Trainee	
					<input type="checkbox"/> A Family Member
					<input type="checkbox"/> A Member of Public

EMPLOYER/SELF-EMPLOYED INFORMATION		
Name of business or company name:	Phone Number: (2)	
Address of Head Office: (1)	Nature of Business:	
Address of establishment where injured person was based if different from (1) above:	Approximate no. employed at establishment:	Approximate total no. employed by business
If accident did not occur at the establishment, address state where		

TYPE OF WORK AND WORK ENVIRONMENT
What type of work was the injured person doing at the time of the accident? (e.g. Iron founding, harvesting, word-processing):
Where was the injured person at the time of the accident? (e.g. inside buildings, underground, field, public road, shop etc.)

CIRCUMSTANCES OF THE ACCIDENT (An 'agent' may be another person, an animal, a substance, equipment or other item)
Briefly describe what the injured person was doing at the time of the accident identifying the agent involved:
Briefly describe the departure from normal, including the agent involved:
Briefly describe the action leading to the injury including the agent which actually caused the injury:

DETAILS OF THE INJURY			
Indicate type of Injury (tick one box only)	Indicate part of the body most seriously injured (tick one box only)		
<input type="checkbox"/> Bruising, contusion	<input type="checkbox"/> Suffocation, asphyxiation	<input type="checkbox"/> Head, except eyes	<input type="checkbox"/> Hip joint, thigh, knee cap
<input type="checkbox"/> Concussion	<input type="checkbox"/> Gassing	<input type="checkbox"/> Eyes	<input type="checkbox"/> Knee joint, lower leg, ankle area
<input type="checkbox"/> Internal injuries	<input type="checkbox"/> Drowning	<input type="checkbox"/> Neck	<input type="checkbox"/> Foot
<input type="checkbox"/> Open wound	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Back, spine	<input type="checkbox"/> Toes, one or more
<input type="checkbox"/> Abrasion, graze	<input type="checkbox"/> Infection	<input type="checkbox"/> Chest	<input type="checkbox"/> Extensive parts of the body
<input type="checkbox"/> Amputation	<input type="checkbox"/> Burns, scalds, frostbite	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Multiple injuries
<input type="checkbox"/> Open fracture (i.e. bone exposed)	<input type="checkbox"/> Effects of radiation	<input type="checkbox"/> Shoulder, upper arm, elbow	<input type="checkbox"/> Other
<input type="checkbox"/> Closed Fracture	<input type="checkbox"/> Electrical injury	<input type="checkbox"/> Lower arm, wrist	
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Injury not ascertained	<input type="checkbox"/> Hand	
<input type="checkbox"/> Sprain, torn ligaments	<input type="checkbox"/> Other	<input type="checkbox"/> Fingers, one or more	

CONSEQUENCES OF THE ACCIDENT								
Fatal <input type="checkbox"/>	Date of resumption	Year	Month	Day	Anticipated absence	<input type="checkbox"/> 4-7 days	<input type="checkbox"/> 8-14 days	<input type="checkbox"/> More than 14 days
Non Fatal <input type="checkbox"/>	of work if back				if not back			

DETAILS OF NOTIFIER					
Notifier:	<input type="checkbox"/> Employer/Self Employed	<input type="checkbox"/> Person in control of workplace	<input type="checkbox"/> Person Providing Training	<input type="checkbox"/> Other	Date: _____
Address and telephone number for acknowledgement/clarification if different from (1) & (2) above:					
Signature: _____			Position: _____		

Return to Health & Safety Authority, 10 Hogan Place, Dublin 2

Form No. IR1

INSTRUCTIONS

1. DETAILS, AS PRESCRIBED OVERLEAF, MUST BE REPORTED TO THE HEALTH AND SAFETY AUTHORITY IN RESPECT OF THE FOLLOWING TYPES OF INCIDENT:

- (a) an accident causing loss of life to any employed or self-employed person if sustained in the course of their employment,
- (b) an accident sustained in the course of their employment which prevents any employed or self-employed person from performing the normal duties of their employment for more than 3 calendar days not including the date of the accident,
- (c) an accident to any person not at work caused by a work activity which causes loss of life or requires medical treatment,

2. THE FOLLOWING CATEGORIES OF PERSON ARE RESPONSIBLE FOR REPORTING ACCIDENTS:-

- (a) employers in the case of the death or injury of employees at work,
- (b) persons providing training in the case of the death or injury of a person receiving training for employment,
- (c) self-employed persons in relation to accidents to themselves,
- (d) persons in control of places of work in relation to:
 - (i) the work-related death or injury of a person not at work,
 - (ii) the death of a self-employed person,
- (e) the next of kin in the event of the death of a self-employed person at a place of work under that person's control.

3. HOW TO COMPLETE THE FORM

The person reporting the accident must only tick one space in each section where option boxes are provided.

Date of Birth:

If date of birth of injured person is not available please enter approximate age.

Employment Status:

Indicate 'Part-Time' if average hours worked are less than 120 per calendar month, enter 'Full-Time' if they exceed this.

Occupation:

If the injured person is an employee please give sufficient detail to differentiate for example between electricians and fitters or between a nurse or nurse's aide.

Economic Activity:

The main economic activity being undertaken, e.g. manufacture of computers, road haulage, joinery installation, take away restaurant.

Work Process and Work Environment:

This space should indicate the work process carried out by the injured person at the time of the accident and where the injured person was when he/she was injured. Below, two examples are given of how to answer.

- 1. Harvesting Field
- 2. Welding Workshop inside building

Circumstances of the Accident

A precise description of the event is to be given under the following three headings:

- (a) What the injured person was doing at the time of the accident and for example what person was being attended to, what animal, substance or item was involved or what tool or machine was being used.
- (b) What went wrong at the time of the accident. Describe what happened identifying any person, animal, equipment, substance or item involved.
- (c) How the person was injured and the person, animal, equipment, substance or item causing the injury.

Below, two examples are given of the minimum contents of answers.

Details of the injury

- Example 1
- 1. The injured person was walking on a floor.
 - 2. He/She tripped over a hose-pipe.
 - 3. He/She struck his/her head against a table.

- Example 2
- 1. The injured person assisted a patient on the way to the bathroom.
 - 2. The patient stumbled.
 - 3. While supporting the patient to prevent a fall the injured person's back was strained.

'Open Wound' includes cuts, lacerations, severed tendons, nerves and blood vessels. 'Burns' includes chemical burns. 'Effects of radiation' includes effects of X-rays, ultraviolet, welding light etc. Forms of injury which are not closely defined such as shock, heatstroke, cardiac arrest should be classified 'other'. 'Electrical Injury' includes any injury or condition directly due to electric shock.

Consequences of the Accident

If injured worker has not yet resumed work please indicate anticipated duration of absence.

INQUIRIES CONCERNING THIS FORM CAN BE MADE TO THE HEALTH AND SAFETY AUTHORITY
(TEL. (01) 662 0400) FROM WHICH DETAILED GUIDELINES ARE AVAILABLE.