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| **Name:**  | **E-Mail:** *(automatically assigned)* |
| **Pay Ref Number:** *(automatically calculated)* | **Tel Number:** *(automatically assigned)* |
| **Job Title:** *(automatically assigned)* |  |
| **Reporters Service Information:** *(automatically assigned)* |
| **SCC Ref Number** *(automatically assigned)* | **Service Information** *(same as information beside reporter’s name, usually)* |
| **Type of Incident:** *(selected from Drop Down Menu)* |
| **Did Incident Happen on Council Premises?** *(selected from Drop Down Menu)* |
|  | **Area of Business Reporting:** (*selected from Drop Down Menu)* |
|  | **Date of Incident (DD/MM/YYYY)**(*Selected from Drop Down Menu)* |

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| **Detailed Account of Incident** |
| **What Led to the Incident?** |
| **Were There Any Contributing Factors?** *(Select from Drop Down menu)* |

**Please record details of people involved in the incident by clicking on the ‘New People Involved’ button.**

**People Involved**

Press “Create New” to get drop down menu for person involved. Repeat process until all involved have been recorded.

Create New

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| **Affected Person\*, Assailant or Witness:** (*Selected from Drop Down Menu)* |
| **Was This Incident a Road Traffic Collison?** (*Selected from Drop Down Menu)* |
| **Affected Person** (assuming you clicked Affected Person\* above) |
| **Has an Injury or Ill Health / Medical Impact Taken Place?** (*Selected from Drop Down Menu)* |
| **Who Was Affected\*\*?** (*Selected from Drop Down Menu)* |
| **Name** *(\*\*Assuming SCC Employee above was selected)* |
| **Job Title** *(\*\*Assuming SCC Employee above was selected, it will be automatically assigned)* |
| **Pay Ref Number:** *(\*\*Assuming SCC Employee above was selected, it will be automatically assigned)* |
| **Gender:** *(Click to Select)* |
| **Age:** *(Automatically calculated)* |
| **Date of Birth (DD/MM/YYYY)** |
| **Is the location of the Accident the Affected Persons Usual Workplace?** *(\*\*Assuming SCC Employee above was selected, click on Drop Down menu)* |
| **Select Injuries Sustained** *(Select from Drop Down menu)* |

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| **Any Other Information or Description of Injury** |
| **What Treatment was Provided?\*\*\*** *(Select from Drop Down menu)* |

**First Aid** (\*\*\*If First Aid was selected above)

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| **Name of First Aider**   |
| **Secondary Actions / Other Relevant First Aid Information** |
| **Details of First Aid Logged in Local Records** *(Select from Drop Down menu)* |