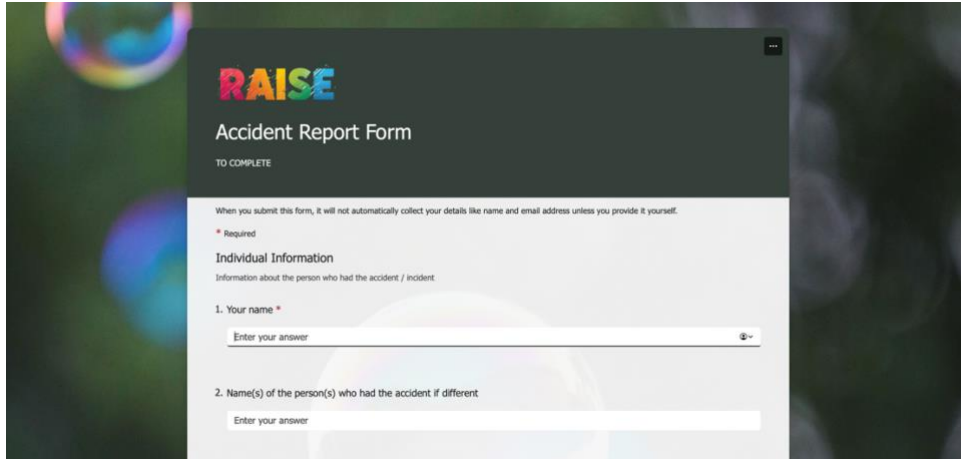


Accident Reporting Procedure

Accident Form

For any accident or incident, staff should complete the online form:

A screenshot of the RAISE Accident Report Form. The form has a dark header with the RAISE logo and the title 'Accident Report Form'. Below the header, it says 'TO COMPLETE'. A note states: 'When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.' There is a red asterisk indicating required fields. The section is titled 'Individual Information' with a subtitle 'Information about the person who had the accident / incident'. It contains two numbered questions: '1. Your name *' and '2. Name(s) of the person(s) who had the accident if different'. Each question has a text input field with a placeholder 'Enter your answer'.

[Accident Report Form – Fill out form](#)

Compliance

The following should be completed by the line manager / a manager if the accident or incident involved a non-staff member.

Was the person authorised to be carrying out those tasks?

How long has the injured person or the person involved been carrying out this activity as part of their role (please describe the person's experience in doing this activity over time)

Does there appear to be any unsafe behavior (if Yes please give details)?



Detail any risk assessments undertaken for the activity involved in the Accident /

Incident: (Please attach copies)

Was there a safe system of work in place? (if Yes please give details of documented safe systems of work or instructions given)

Was the person involved trained regarding this activity? (please describe what training had been provided – full training records should be made available for examination)

Have the risk assessments associated with the accident or incident been reviewed? What changes were made?

Detail any remedial action to prevent re-occurrence? (Please include details of punitive measures where necessary)

Have the actions identified been implemented?