Follow-up of Incident Reports

Further questions by the DSO for Portal Users

NOTE: *The following question set can be used as prompts for AssessNET Portal Users (e.g. first aiders or witnesses to the incident) prior to or after submitting a report online. Please complete and return this form to your DSO.*

Department:

Name of person completing this form:

Date and time of incident:

1. Where did the incident happen – Physical location?

2. Further information on location: lighting, surface, condition of surface, weather conditions (please tick all that apply)

Lighting	Surface	Condition of surface	Weather conditions
☐ Bad	☐ Carpet	☐ Bad	☐ Indoors
☐ Excellent	☐ Concrete	☐ Excellent	☐ Cloudy
☐ Other	☐ Grass	☐ Other	☐ Hail
☐ Poor	☐ Gravel/stone	☐ Poor	☐ Ice
☐ Satisfactory	☐ Linoleum	☐ Satisfactory	☐ Mist/fog
☐ Unknown	☐ Metal	☐ Unknown	☐ Other
	☐ Dirt/mud		☐ Rain
	☐ Other		☐ Snow
	☐ Painted		☐ Stormy
	☐ Polished stone		☐ Sunshine
	☐ Sand		☐ Windy
	☐ Tarmac		☐ Unknown
	☐ Tiled		
	☐ Wooden		
	☐ Unknown		

3. Was there anything unusual or different about the working conditions?

4. Was PPE required for the activity?

   Please select: ☐ Yes ☐ No

5. What PPE was required as per risk assessment and what PPE was worn by the person involved at the time of the incident? Please tick all that apply.

Type of PPE	**Required as per risk assessment**	**Being worn at the time of the incident**
Gloves (state type:)	☐	☐
Fume cupboard	☐	☐
Microbiological Safety Cabinet	☐	☐
Guarding	☐	☐
Face Mask (state type:)	☐	☐
Lab coat	☐	☐
Other (please specify:)	☐	☐
Protective eyewear (state type:)	☐	☐

6. Details of the incident/Investigation finding: please describe what lead to the incident

7. **NEW. For injuries resulting in cuts/lacerations/needle-stick injuries:** was the sharp object contaminated with a biological, chemical or radioactive substance? If YES, please provide specific details about the substance.

8. Does the person involved in the incident work in the department where the incident happened? If not, could you please state the home department?

9. Has the incident occurred in a building that is occupied by more than one department?

10. What training, information and instruction has been provided to the person involved in the incident?

11. Is there a risk assessment for the activity involved?
    Please select: ☐ Yes ☐ No ☐ Not applicable

12. Is a risk assessment review required following this incident?
    Please select: ☐ Yes ☐ No ☐ Not applicable

13. If the incident was reported to Estates Division, please supply the Helpdesk Incident number: