**Contractor Incident Notification**

(Guidance on completion can be found at SWP Control of Contractors)

|  |  |
| --- | --- |
| **CHSS Use Only** | |
| RIDDOR Reportable | |
| **YES** | **NO** |
| Date Reported | |
|  | |

**Incident Type**

|  |  |  |
| --- | --- | --- |
|  | Tick as appropriate | Details |
| Specified / Major |  | Death / Fatality / Serious injury / media attention / significant damage / significant near miss / legislation breach |
| Significant |  | 7 or more days injury and/or media attention / significant damage and/or significant near miss / policy breach |
| Minor |  | 0 to 6 days injury incident / minor damage / near miss / Hazard |

All sections of this form must be completed in full and forwarded on to the Corporate Health and Safety Service (CHSS) as soon as is reasonably practicable. For Specified / Major Incidents, CHSS must be informed by the quickest means possible i.e. telephone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Injury Incident** | | | | | |
| **Injury Incident:** | No |  | Yes |  |



|  |  |  |
| --- | --- | --- |
| **Event Details** | | |
| **Occurrence / Event Date:** |  |
| **Description of Occurrence / Event:** |  | |
| **Immediate Action Taken:** |  | |
| **Location of Incident** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Details** | | | | |
| **Main / Principle Contractor:** |  | | | |
| **Contractor 1:** |  | **Contractor 2:** | |  |
|  |  | | | |
| **Consultancy Project Manager:** |  | **Client Contact:** |  | |
| **CDM-C** (Where Applicable)**:** |  | **Project / Contract Name:** |  | |
| **Incident Report Reference No** (Online Incident Reporting System)**:** |  | **Project Reference No:** |  | |
|  |  | **Project / Contract Manager:** |  | |
|  |  | | | |
| **Name of Manager / Person Reporting:** |  | **Contact Details:** |  | |
| **Estimated Date of Full Report:** |  |

