** ESF ACCIDENT REPORT FORM** Revised: Aug 2014

**Notes:**

1. This form should be used for all accidents in ESF premises or arising as a result of activities

undertaken in outside premises. An accident is defined as an event which has given rise to injury,

ill health, or fatality.

2. Part A should be completed by the injured person, or if that not possible, by a witness to the accident

or the staff responsible for the accident location. The form should then be forwarded to the Safety

Officer for completion of Part B. The completed form should then be forwarded to the Principal.

3. If the person completing Part A is unsure to whom the form should be forwarded, the form may be left

with the School Secretary from where it will be sent for appropriate forwarding.

4. Forms fully completed will be copied to:

i. Human Resources Department (for employees’ compensation purposes);

ii. Procurement Department (for insurance purposes);

iii. Jolene Ferguson ESFC Health & Safety & Sustainability Manager. [jolene.ferguson@esfcentre.edu.hk](https://is2.tg.esf.edu.hk/src/module/email/gamma/compose_email.php?Folder=&CurMenu=1&CurTag=INBOX&to=jolene.ferguson%40esfcentre.edu.hk)

5. Each accident report will be reviewed by the Safety Representative.

**PART A – To be completed by injured person and/or a responsible officer.**

Please tick box if appropriate.

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| **Particulars of Injured Person** | | | | | | |
| Surname: | | Other name: | | Age: | | Sex: |
| Address / Tel No: | | | | | | |
| 􀂅 Employee  School /Department: | 􀂅 Student  School/Class: | | 􀂅 Member of Public | | 􀂅 Contractor or his  employee | |
| 􀂅 Other, please specify: | | | |
| **Description of Incident** | | | | | | |
| Date: | Time: | | Location: | | | |
| Supervised activity 􀂅 Yes 􀂅 No - Name: | | | | | | |
| Describe the incident, its apparent cause and immediate actions taken.  (Attach a sketch and use separate sheet if necessary) | | | | | | |
| Person to whom reported and date: | | | | | | |
| Name and address/Tel No. of any witness: | | | | | | |
| Type of injury: | | | Location of injury:  Please indicate Right /Left (R/L) if appropriate | | | |
| 􀂅 Burn/Scald  􀂅 Lacerations  􀂅 Bruises/Swelling  􀂅 Irritation  􀂅 Sprain/Strain  􀂅 Break/Fracture  􀂅 Dislocation  􀂅 Others (specify): | 􀂅 Amputation  􀂅 Loss of Sight  􀂅 Shock  􀂅 Poisoning/Gassing  􀂅 Hearing Loss  􀂅 Multiple  􀂅 Concussion/Internal  Injuries | | 􀂅 Head  􀂅 Eye  􀂅 Ear  􀂅 Face  􀂅 Neck  􀂅 Back  􀂅 Shoulder  􀂅 Arm  􀂅 Forearm/elbow  􀂅 Others (specify): | | 􀂅 Wrist  􀂅 Hand  􀂅 Finger  􀂅 Hip  􀂅 Thigh  􀂅 Knee  􀂅 Leg  􀂅 Ankle  􀂅 Foot | |

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| **Injury details** |
| 1. First aid treatment 􀂅 Yes, time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀂅 No  2. Picked-up by parent/guardian 􀂅 Yes, time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀂅 No  3. Ambulance service 􀂅 Yes, arrival time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀂅 No  4. Hospital treatment 􀂅 Yes, name of hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀂅 No  Over 24 hrs? 􀂅 Yes 􀂅 No  5. Absence from school / work (if known) 􀂅 Yes, number of day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀂅 No  (For ESF employees, please attach medical certificate for employees’ compensation purposes.) |
| **Checklist for student accident** |
| 1. Parents informed of accident 􀂅 Yes 􀂅 No -  - Method of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date & time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Follow up call made to parents the next day 􀂅 Yes 􀂅 No - date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Teacher of lesson informed of outcome 􀂅 Yes 􀂅 No  4. Teacher of lesson asked for witness report & actions taken 􀂅 Yes 􀂅 No 􀂅 Attached  5. Tutor and senior head of house informed of accident 􀂅 Yes 􀂅 No  6. Copy of medical room attendance record 􀂅 Yes 􀂅 No 􀂅 Attached  7. Acted as per severity rating table 􀂅 Yes 􀂅 No – if no reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Particulars of person giving information in part A** | |
| Name: | Designation: |
| Address / Tel No | |
| Signature: | Date: |

**PART B – For safety officer action only**

(Schools are requested to investigate all accidents and take appropriate remedial action and complete this

part.)

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| Type of accident: | | | | | | | |
| 􀂅 Run Over  􀂅 Struck By  􀂅 Falls on Level | 􀂅 Falls from Height  􀂅 Sport  􀂅 Contact Injury | | | 􀂅 Muscular Exertion  􀂅 Collision (striking against)  􀂅 Explosion or Fire | | 􀂅 Others [specify]: | |
| Agent of injury: | | | | | | | |
| 􀂅 Transport  􀂅 Electricity  􀂅 Powered Equipment | 􀂅 Non-Powered  Equipment  􀂅 Humans  􀂅 Animals/Insects | | | 􀂅 Toxic Materials & Fumes  􀂅 Corrosive/Hot Substance | | | 􀂅 Others [specify]: |
| Nature of defect: | | | | | | | |
| 􀂅 Unsafe Atmosphere  􀂅 Misuse of Agent  􀂅 Horseplay/Disagreement  􀂅 Protective Equipment  Damaged/Unsuitable/Unused | | 􀂅 Intrinsic Fault/Defect of Agent  􀂅 Other Unsafe System of Work  􀂅 Intractable/Nervous Animal  􀂅 Plant/Equipment not Securely  Fixed/Stacked | | | 􀂅 Unsafe Environmental  Layout/Condition  􀂅 Incorrect Manual Handling  Operation  􀂅 Others [specify]: | | |
| Incident Investigation (Attach a separate sheet if necessary)  Cause(s) of Incident:  Corrective Action(s):  Preventative Action(s): | | | | | | | |
| Investigation Completed by: | | | Sign: | | | | Date: |
| Safety officer name: | | | Sign: | | | | Date: |
| Principal: | | | Sign: | | | | Date: |

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| **Severity**  **Levels** | **Medical**  **treatment** | **Example injuries** | **Actions** | **Timeline** |
| **0**  No injury | None required | * Slips, trips or falls with no bruising or swelling. * General soreness. | * Seen by school nurse. Recorded in medical room attendance. * Treated by first-aider using first-aid box supplies. * Accident report form filled out if high occurrence of similar injuries with common reason. | * If seen by school nurse recorded in medical room attendance at time of accident. |
| **1**  Minor injury | Medical room | * Minor cuts/bruises/sprains/   Strains.   * Insect bites/stings. * Minor burns. * Blisters. * Object removed from eye by flushing. | * Seen by school nurse. Recorded in medical room attendance. * Accident report form filled out if high occurrence of similar injuries with common reason. | * Recorded in medical room attendance at time of injury. |
| **2**  Moderate injury | Further treatment outside of school | * Bone fractures. * Significant lacerations. * Hospital visit. * Ambulance called | * Seen by school nurse. Recorded in medical room attendance. * Safety officer informed. * Accident report form filled out. | * Accident report form filled out within 24hrs. * Safety officer follow up and report done within 1 week. |
| **3**  Severe injury | Further treatment outside of school | * Severe disfigurement / amputation. * Loss of vision/hearing. * Spinal damage. | * Seen by school nurse. Recorded in medical room attendance. * SLT informed. * ESFC informed. * Accident report form filled out. | * Accident report form filled out within 24hrs. * Safety officer and/or SLT act within 24hrs. |
| **4** & **5**  Fatality(ies) | Further treatment outside of school | 4. Single fatality.  5. Multiple fatalities. | * Seen by school nurse. Recorded in medical room attendance. * SLT informed. * ESFC informed. * Accident report form filled out | * SLT act immediately. |

**Accident report severity table**

-**Please refer to the critical incident policy.**