



The Health and Safety at Work etc. (Guernsey) Law, 1979; and
The Health and Safety at Work (General) (Guernsey) Ordinance 1987.

REPORT OF AN INJURY, DISEASE OR DANGEROUS OCCURRENCE

- The employer or the person responsible for the premises / activity must complete the relevant sections below.
- You may complete this form online at www.gov.gg/riddor Guidance on RIDDOR reporting is also available on that web page.
- Please use this form to make a report to the Health and Safety Executive under Section 9 of the Ordinance.
- You should also keep details of this incident must be kept as required by Section 10 of the Ordinance.
- If more than one person was injured because of an accident, please complete a separate form for each person.

A Subject of Report (tick appropriate box or boxes)

Fatality 1 Specified major injury or condition 2 Over three day injury 3 Dangerous occurrence 4 Disease 5 No time off work

B This form must be completed IN FULL by the Employer or responsible person (as required by Law)

Name and address of employer or responsible person:

Nature of trade, business or undertaking

Total number of your employees

Immediate notification to HSE
(not applicable to "over three day" injuries)

Name of person advised:

Date: _____ Time: _____ am/pm

Name and telephone number of person to contact:

Email: _____

C Date, time and place of accident, dangerous occurrence

Date Time : am / pm

Give the name and address if different from above

Normal activity carried on there

IF YOU ARE REPORTING A DANGEROUS OCCURRENCE PLEASE CONTINUE AT SECTION G

D The person injured or affected by the injury, disease or dangerous occurrence

Full Name:

Status (tick box)

Employee

Self - Employed

Trainee

Any other person

Trade, occupation or job title

Nature of injury or condition and the part of the body affected.
In the case of a disease the name or schedule number of the disease

IF YOU ARE REPORTING A DISEASE PLEASE CONTINUE AT SECTION G

E Kind of accident

Indicate what kind of accident led to the injury or condition (tick one box)

Contact with moving machinery or material being machined	<input type="checkbox"/>	1	Injured whilst handling lifting or carrying	<input type="checkbox"/>	5	Trapped by something collapsing or overturning	<input type="checkbox"/>	8	Exposure to an explosion	<input type="checkbox"/>	12
Struck by moving including flying or falling object	<input type="checkbox"/>	2	Slip, trip or fall on same level	<input type="checkbox"/>	6	Drowning or asphyxiation	<input type="checkbox"/>	9	Contact with electricity or an electrical discharge	<input type="checkbox"/>	13
Struck by moving vehicle	<input type="checkbox"/>	3	Fall from height*	<input type="checkbox"/>	7	Exposure to or contact with a harmful substance	<input type="checkbox"/>	10	Injured by an animal	<input type="checkbox"/>	14
Struck against something fixed or stationary	<input type="checkbox"/>	4	*Distance through which person fell	<input type="checkbox"/>	metres	Exposure to fire	<input type="checkbox"/>	11	Other kind of accident (give details in Section G)	<input type="checkbox"/>	15

F Agent(s) involved


Indicate which, if any, of the categories of agent or factor below were involved (tick one or more of the boxes)

Machinery / equipment for lifting and conveying	<input type="checkbox"/>	1	Process plant, pipework or bulk storage	<input type="checkbox"/>	5	Live animal	<input type="checkbox"/>	9	Ladder or scaffolding	<input type="checkbox"/>	13
Portable power or hand tools	<input type="checkbox"/>	2	Any material, substance or product being handled, used or stored	<input type="checkbox"/>	6	Movable container or package of any kind	<input type="checkbox"/>	10	Construction formwork, shuttering or falsework	<input type="checkbox"/>	14
Any vehicle or associated equipment /	<input type="checkbox"/>	3	Gas, vapour, dust, fume or oxygen deficient atmosphere	<input type="checkbox"/>	7	Floor, ground, stairs or any working surface	<input type="checkbox"/>	11	Electricity supply cable, wiring, apparatus or equipment	<input type="checkbox"/>	15
Other machinery	<input type="checkbox"/>	4	Pathogen or infected material	<input type="checkbox"/>	8	Building, engineering structure or excavation	<input type="checkbox"/>	12	Entertainment or sporting facilities or equipment	<input type="checkbox"/>	16
									Any other agent	<input type="checkbox"/>	17

Describe briefly the agents or factors you have indicated

G Account of accident, dangerous occurrence or flammable gas incident

Describe what happened and how. In the case of an accident, state what the injured person was doing at the time. In the case of a disease, describe any work of the affected person which might be relevant to the onset of the disease.

 **How we collect and use information**

The States of Guernsey Health and Safety Executive processes personal data for the purpose of enforcing Health & Safety at work and associated legislation. The personal data collected will vary depending on your business with us, but will be no more than is required for that legitimate and lawful purpose. We may obtain information about you from third parties for any lawful purpose in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 (“DPL”). We may also share your personal data with certain other organisations if the DPL allows us to. All the personal data held by The States of Guernsey Health and Safety Executive will be processed in accordance with the DPL. If you wish to know more about the information we have about you, or about the way we use it, you can check our website page www.gov.gg/hse

Signature of person making report

Date

Office Use Only

Recorded on the Civica Database

Number: