**Appendix 3**

**Incident Recording Form**

**(To be completed by the driver)**

|  |
| --- |
| **Details of Incident** |
| Location of Incident |  |
| Driver |  |
| Vehicle(Make/Model) |  |
| Registration Number |  |
| Date |  | Time |  |
| Type of Incident(Tick **√**) | Road Traffic Collision | Product Spillage | Site accident  | Near Miss | Lost Load |
| Speed Limit (Kilometres Per Hour) |  |
| Weather Conditions |  |
| Road Conditions |  |
| Road Signs |  |
| **Garda Details** |
| Was there a Garda present? |  |
| When did the Garda arrive at the scene? |  |
| Name of the Garda present |  |
| Rank, Number and Station of the Garda |  |
| Telephone Number of Garda |  |
| **Details of Any Other Vehicle(s) involved in the Incident** |
| Make of Vehicle |  |
| Model of Vehicle  |  |
| Registration Number of Vehicle |  |
| Name of Owner |  |
| Address of Owner |  |
| Name of Driver |  |
| Address of Driver |  |
| Telephone Number of Driver |  |
| Insurance Company |  |
| Policy Number & Expiry Date |  |
| Description of Damage to the Other Vehicle(s) |  |
| **Details of Damage to Other Property (if any)** |
| Type of property |  |
| Owner’s Name |  |
| Address of Owner |  |
| Description of Damage |  |
| **Lost Load / Product Spillage / Contamination Details** |
| Product Type? |  |
| Quantity Spilled / Amount Lost? |  |
| How Contaminated? |  |
| **Injury Details** |
| Was anyone injured? |  |
| Was an Ambulance called? |  |
| Name of the Injured Person |  |
| Address of the Injured Person |  |
| Description of Injury |  |
| **Witness Details (if any)** |
| Name of Witness |  |
| Address |  |
| Telephone Number |  |
| **Brief Description of the Incident** |
|  |
| **Incident Sketch (make a rough sketch of the incident scene)** |
|  |
| **Any remedial action taken at the incident scene?** |  |
| **Photographs Taken?** |  |
| **Driver’s Signature** |  | **Date** |  |
| **Follow-up (to be completed by the Driver’s Manager/Supervisor)** |
| Has the driver the correct licence for the vehicle? |  |
| Has the driver received the correct training for the vehicle? |  |
| Has the driver received instruction, information and training (as appropriate) in relation to safe methods of work? |  |
| Was the incident due to:(tick **√** the correct option)* Human error?
* Mechanical failure?
* Unsafe systems of work?
* Road/weather conditions?
* Other?
 |  |
| Was the driver to blame in any way due to:(tick **√** the correct option)* Carelessness?
* Dangerous driving?
* Loss of concentration?
* Misjudgement?
* Not following safe systems of work?
* Unfamiliar with the vehicle?
* Other?
 |  |
| Was the Incident avoidable? |  |
| Does the Health & Safety Authority need to be notified (see www.hsa.ie)? |  |
| Date of Notification |  |
| **Remedial Action (Outline what remedial action is required)** |
|  |
| Name of person carrying out the action |  |
| Date by which the action will be carried out |  |
| **Signed** |  | **Date** |  |
| **Details of Actions Completed** |
| Date action completed |  |
| Comments |
| **Signed** |  | **Date** |  |