



Barrowby Parish Council

Email: clerk@barrowbyparishcouncil.gov.uk

Address: Reading Room, Church Street, Barrowby, NG32 1BX

Website: <https://barrowby.parish.lincolnshire.gov.uk>

Accident / Incident / Near Miss Report Form

Confidential – complete as soon as possible after the event

1. Basic details

Date of report: _____

Reported by: _____

Role:

- Employee
- Councillor
- Volunteer
- Contractor
- Member of public
- Other: _____

Date of incident: _____

Time of incident: _____

Location: _____

2. Type of event

Tick as applicable:

- Accident causing injury
- Near miss
- Dangerous occurrence
- Property damage
- Verbal abuse / threatening behaviour
- Work-related ill health concern
- Fire / smoke related incident
- Other: _____

3. Person(s) involved

Name of injured / affected person (if applicable):

Contact details:

Status:

- Employee
- Councillor
- Volunteer
- Contractor
- Hirer / visitor
- Member of public
- Other: _____

4. Details of injury / harm / damage

Nature of injury / harm / damage:

Part of body affected (if applicable):

Was first aid given?

- Yes
- No

If yes, give details:

Was medical treatment required?

- No
- Yes – GP
- Yes – Hospital
- Yes – Ambulance called

5. Description of what happened

Please describe what happened, including what activity was taking place and any equipment, tools, vehicles or substances involved:

6. Immediate causes / hazards identified

Tick or note any apparent contributing factors:

- Slip / trip
- Manual handling
- Defective equipment
- Poor condition of premises / surface
- Lack of information / instruction
- Inadequate supervision
- Weather conditions
- Lone working
- Public interference
- Contractor activity
- PPE not used / not available
- Other: _____

Additional details:

7. Witnesses

Name(s) and contact details of any witnesses:

8. Immediate action taken

Tick as applicable:

- Area made safe
- Activity stopped
- First aid provided
- Emergency services called
- Equipment removed from use
- Clerk informed
- Chair informed
- Contractor informed
- Other: _____

Details:

9. Follow-up action required

- No further action required
- Risk assessment review required
- Repair / maintenance required
- Training / instruction required
- Contractor follow-up required
- Insurance notification required
- Consider RIDDOR report
- Other: _____

Action details and responsible person:

Target date: _____

10. Clerk / Council use only

Entered into accident / incident record:

Yes

No

Risk assessment reviewed:

Yes

No

RIDDOR report required:

Yes

No

If yes, date submitted: _____

Insurer notified:

Yes

No

Not applicable

Closed by: _____

Date closed: _____

Signature: _____

Document control

- **Owner:** Full Council
- **Responsible officer:** Clerk / Proper Officer
- **Adopted:** 11.05.2026 (Minute ref: 8e [26/008])
- **Version:** 2026.1
- **Review:** Annually or earlier if legislation/guidance changes
- **Next review due:** January-March 2027 at Full Council for formal adoption at Parish Council May 2027