**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** | |  | |