

# Solihull Community Cycling Hubs - Accident/Near Miss Report Form

**ONCE COMPLETE THIS FORM IS CLASSIFIED AS CONFIDENTIAL.**

SMBC collects personal information about you on this form in relation to environmental incidents arising out of or in connection with work. We may share your information with the HSE to ensure we meet our legal requirements.

**Please complete all sections in full.**

<b>Day &amp; Date of Incident:</b>		<b>Time:</b>	
<b>Name &amp; Type of Event / Activity:</b>			
<b>Incident Location / Venue:</b> <i>(include address &amp; postcode if possible)</i>			
<b>Name and contact details of Organiser:</b>			
<b>Name &amp; Role of Other Responsible Official:</b> <i>(where applicable)</i>			

Part A – Accident Details and Location	
<b>About the Person Involved in the Accident</b>	<b>Name of person involved:</b> <b>Their Address:</b> <b>Their Contact Information (email &amp; phone):</b>
<b>Details about the accident / near miss</b>	
<b>Where did the Accident / Near Miss Occur</b>	
<b>Who Reported the Accident / Near Miss to you and when?</b>	
Part B – What Happened	
<b>Describe What Happened, Add in as much information as possible.</b>	

Please also ensure completion of page 2



<b>Type of Accident</b> <b>Please circle relevant field or state if the accident has not been listed (Please circle)</b>	A. Accidental contact with 3rd party B. Choking C. Contact with Electricity or an Electrical Discharge D. Contact with hazardous substance E. Contact with hot liquid F. Contact with hot substance G. Contact with moving machinery or material being machined H. Contact with sharp object I. Crushing Injury J. Drowned or Asphyxiated K. Ejection L. Entrapment M. Exposure to an explosion N. Exposure to Fire O. Exposure to Radiation (high intensity visible / IR/RF/UV)	P. Fall from a height Q. Fall on the same level R. Foreign Object in Eye S. Hit be a Moving Vehicle T. Hit by a Moving, Flying or Falling Object U. Hit Something fixed or stationary V. Incorrect Advice Given W. Injured by an Animal X. Manual Handling Injury Y. Road Traffic Accident Z. Slip, trip, fall on stairs AA. Slipped on the same level BB. Sports Injury (Curriculum Activity) CC. Trapped by Something Collapsing DD. Tripped on the Same level EE. Unlisted Type of Injury (Please describe) _____
<b>Type of Near Miss</b> <b>(Please circle)</b>	A. Harmful substance, gas, vapour or acid B. An Explosion C. Animal D. Crushing E. Ejection F. Electricity or an Electrical Discharge G. Entrapment H. Fall on the same level I. Fire J. Hot Liquid K. Hot Surface L. Incorrect Advice given	M. Manual Handling N. Moving Machinery or Material being Machined O. Moving Vehicle P. Moving, Flying or Falling Object Q. Radiation (high intensity visible/IR/RF/UV) R. Sharp Object S. Slip or trip T. Something Fixed or stationary U. Trapped by something collapsing V. Work at Height W. Unlisted Near Miss (Please describe)
<b>Weather Conditions</b>	Cloudy / Overcast <input type="checkbox"/> Foggy Hail <input type="checkbox"/> Icy <input type="checkbox"/> Lightning Thunder <input type="checkbox"/> Rain / Wet <input type="checkbox"/>	Snow / Snowing <input type="checkbox"/> Sunny <input type="checkbox"/> Windy <input type="checkbox"/> Indoors <input type="checkbox"/>
<b>Treatment Given</b>	A. First Aid <input type="checkbox"/> B. No Treatment <input type="checkbox"/> C. Taken to GP/Dentist by Other <input type="checkbox"/>	D. Taken to Hospital by Other <input type="checkbox"/> E. Taken to Hospital from site of Accident <input type="checkbox"/>
<b>Injury Classification</b>	A. No Injury <input type="checkbox"/> B. Minor Injury <input type="checkbox"/>	C. Specified / Serious Injury <input type="checkbox"/> D. Fatality <input type="checkbox"/>
<b>Injury Details</b>		
<b>Were Emergency Services Contacted?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reported by:			
Print Name:		Signed:	
Position / Role:		Date:	
Phone Number:		Email:	



Send this form, by email to:  
[solihullactive@solihull.gov.uk](mailto:solihullactive@solihull.gov.uk) as soon  
as possible and no later than 48  
hours after the incident

