

Health and Safety at Work Inspectorate
Health and Safety at Work etc. Act 1974 (as applied to the Island)
Reporting of Injuries, Diseases and Dangerous Occurrences
Regulations 1985 (as applied to the Island)

**Report of an Injury or
Dangerous Occurrence - Form F2508**

Please complete in BLOCK CAPITALS and in black ink. This form must be filled in by an employer or other responsible person. If more than one person was injured as a result of an accident, please complete a separate form for each person. Unless specified, all parts of this form must be completed.

Subject of Report:

Fatality	<input type="checkbox"/>	Specific Major Injury or	<input type="checkbox"/>
'Over three day' Injury	<input type="checkbox"/>	Dangerous Occurrence	<input type="checkbox"/>

Part A About you and your

1. What is your full name?
2. What is your job title?
3. What is your telephone
4. What is the name of your organisation
5. What is its address and postcode
6. What type of work does the organisation do?

Part B About the incident

1. When did the incident happen? (eg 29 November 2011 17:30)
2. Did the incident happen at the above address? Yes No
3. If so, where about on the premises? (eg dept)

Part C About the injured person (please skip if no injuries)

1. What is their full name?
2. How old are they?
3. Are they? Male Female
4. Was the affected person: one of your employees? on work experience
 self-employed and at work? member of the public?
 on a training scheme? (give details)
 employed by someone else? (give details)

Part C About the injured person (continued)

The following information is required if the injured party was not a member of the public.

5. What is their job title?

6. What is their home address and postcode?
 Postcode

7. What is their home telephone number?

Part D About the injury

1. What was the injury? (eg fracture, laceration)

2. What part of the body was injured?

Part E Describe what happened

Give as much detail as you can. For instance, the name of any substance involved; the name and type of any machine involved; the events that led to the incident; the part played by the people. If it was a personal injury, give details of what the person was doing.

Part F Action taken

Describe what action has been taken to prevent a similar incident.

Part G Your contact details

Please provide us with a contact email address.

Signature

Date

Send Completed forms to: DEFA, Thie Slieau Whallian, Foxdale Road, St Johns IM4 3AS

DEFA is a data controller for the purposes of the 2018 Data Protection legislation and requires the information on this form to comply with its legal obligations under the Health and Safety at Work etc. Act 1974 (as applied to the Island). Your personal information will be held by DEFA for the purposes of processing this report.

• The Department’s Privacy Notice may be viewed on the website here <https://www.gov.im/about-the-government/departments/environment-food-andagriculture/privacy-notice/> or a hard copy can be provided if you wish. • The Department’s Data Protection Officer can be contacted by email at DPO_DEFA@gov.im or by telephone on 686781.