

FORM OF NOTICE OF ACCIDENT

Approved Under The Safety, Health and Welfare at Work (General Application) Regulations, 1993
 (BEFORE COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS ON FOLLOWING PAGE)
 S.I. No. 44 of 1993

DETAILS OF INJURED PERSON

NAME:	DATE OF BIRTH:	SEX:	IS THE INJURED PERSON:
ADDRESS	NATIONALITY:	LENGTH OF MONTHS SERVICE:	EMPLOYED FULL TIME EMPLOYED PART TIME SELF-EMPLOYED A TRAINEE A FAMILY MEMBER A MEMBER OF THE PUBLIC
		YEARS	
	RSI NUMBER:	DATE OF ACCIDENT :	TIME OF ACCIDENT:
OCCUPATION:	TIME OF STARTING WORK:	NORMAL TIME OF FINISHING WORK:	

EMPLOYER/SELF-EMPLOYED INFORMATION

NAME OF BUSINESS OR COMPANY NAME:	PHONE NUMBER: (2) (+ STD CODE)	
ADDRESS OF HEAD OFFICE: (1)	NAME OF BUSINESS:	
ADDRESS OF ESTABLISHMENT WHERE INJURED PERSON WAS BASED IF DIFFERENT FROM (1) ABOVE	APPROXIMATE NO. EMPLOYED AT ESTABLISHMENT:	APPROXIMATE TOTAL NO. EMPLOYED BY BUSINESS
	IF ACCIDENT DID NOT OCCUR AT THE ESTABLISHMENT ADDRESS STATE WHERE:	

TYPE OF WORK AND WORK ENVIRONMENT

WHAT TYPE OF WORK WAS THE INJURED PERSON DOING AT THE TIME OF THE ACCIDENT? (E.G. IRON FOUNGING, HARVESTING, WORD-PROCESSING): _____
WHERE WAS THE INJURED PERSON AT THE TIME OF THE ACCIDENT (E.G. INSIDE THE BUILDING, UNDERGROUND, FIELD, PUBLIC ROAD, SHOP ETC.): _____

CIRCUMSTANCES OF ACCIDENT (AN "AGENT" MAY BE ANOTHER PERSON, AN ANIMAL OR SUBSTANCE, EQUIPMENT OR OTHER ITEM)

BRIEFLY DESCRIBE WHAT THE INJURED PERSON WAS DOING AT THE TIME OF THE ACCIDENT IDENTIFYING THE AGENT INVOLVED:
BRIEFLY DESCRIBE THE DEPARTURE FROM NORMAL, INCLUDING THE AGENT INVOLVED:
BRIEFLY DESCRIBE THE ACTION LEADING TO THE INJURY INCLUDING THE AGENT WHICH ACTUALLY CAUSED THE INJURY:

DETAILS OF THE INJURY

Indicate type of injury (tick one box only)		INDICATE PART OF THE BODY MOST SERIOUSLY INJURED (TICK ONE BOX ONLY)	
BRUISING, CONTUSION	SUFFOCATION, ASPHYXIATION	HEAD, EXCEPT EYES	HIP JOINT, THIGH, KNEE CAP
CONCUSSION	GASSING	EYES	KNEE JOINT, LOWER LEG, ANKLE AREA
INTERNAL INJURIES	DROWNING	NECK	FOOT
OPEN WOUND	POISONING	BACK, SPINE	TOES, ONE OR MORE
ABRASION, GRAZE	INFECTION	CHEST	EXTENSIVE PARTS OF THE BODY
AMPUTATION	BURNS, SCALDS, FROSTBITE	ABDOMEN	MULTIPLE INJURIES
OPEN FRACTURE (I.E. BONE EXPOSED)	EFFECTS OF RADIATION	SHOULDER, UPPER ARM, ELBOW	OTHER
CLOSED FRACTURE	ELECTRICAL INJURY	LOWER ARM, WRIST	
DISLOCATION	INJURY NOT ASCERTAINED	HAND	
SPRAIN, TORN LIGAMENTS	OTHER	FINGERS, ONE OR MORE	

CONSEQUENCES OF ACCIDENT

FATAL	DATE OF RESUMPTION	YEAR	ANTICIPATED ABSENCE	4-7 DAYS	8-14 DAYS
NON FATAL	MONTH DAY OF WORK IF BACK		MORE THAN 14 DAYS IF NOT BACK		

DETAILS OF NOTIFIER

NOTIFIER:	EMPLOYER/SELF EMPLOYED	PERSON IN CONTROL OF WORKPLACE
	PERSON PROVIDING TRAINING	OTHER DATE: _____
ADDRESS AND TELEPHONE NUMBER FOR ACKNOWLEDGEMENT/CLARIFICATION IF DIFFERENT FROM (1) & (2) ABOVE: _____		
SIGNATURE: _____		POSITION: _____

Return to Health & Safety Authority, 10 Hogan Place, Dublin 2

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