

Incident Investigation Pack

INCIDENT DETAILS

This pack should be completed within 48 hours of the incident by the Unit Manager, Team Leader and/or Supervisor for all accidents that occur at a unit.

Please ensure all immediate actions have been completed, and the injured person has been treated.

It is important that all relevant paperwork in respect of the incident is obtained, copied and placed together within this incident pack.

TAKE THIS PACK WITH YOU TO THE LOCATION OF THE INCIDENT

AT THE TIME OF THE INCIDENT

Gather key information, including witness details, statements, diagrams, photos and any immediate evidence.

AFTER THE INCIDENT – THE PACK MUST BE COMPLETED WITHIN 48HRS OF THE INCIDENT AND SUBMITTED WITHIN 7 WORKING DAYS

Report the incident via AIR3 as soon as possible and escalate in line with the Unit Emergency Manual and Crisis Management Plan. Upload incident pack to AIR3 via Grant Access Link or post via Recorded delivery: For UK Units post to: HSE Department, Compass Group UK & I, 24 Parklands, Parklands Court, Rubery, Birmingham B45 9PZ.

For Ireland Units post to: 3rd Floor, 43a Yeats Way, Parkwest Business Park, Dublin 12.

DOCUMENT REVIEW AND STORAGE

Gather all required paperwork, retain this pack securely for 6 years and upload supporting documents to AIR3 where possible.

PERSON COMPLETING THE FORM AND UNIT DETAILS

Person completing this form	**Sector**
Employee number	**Job role**
Compass unit number	**Unit name**
Date & time of incident	**AIR3 reference**
Person completing this form email address	**Regional Manager / Operations / Business Director**

INJURED PERSON DETAILS

Name	**Age**	**Sex / gender**

Person type

☐ Compass Employee ☐ Agency / Contractor
☐ Member of the public ☐ Client member of staff
☐ Work experience

Agency / contractor name

Body part injured (e.g. head, arm, hand, torso, leg, foot etc) *ensuring you record the side of the body, e.g. left hand, right leg*	**Nature of injury (e.g. bruise, cut, burn etc.)** *For suspected breaks, fractures, concussion, do not record this unless medical evidence is available*
Occurrence Type (e.g. Slip/Trip/Fall, Contact with Heat, Contact with Sharp Object , Manual Handling etc.)	**Incident status (e.g. Minor injury, Lost Time Injury or Major Injury)**

DOCUMENTS REQUIRED

Full Staff Training Record card must be sent whenever an employee is involved.

Relevant supporting documents listed below should be included or the reason for omission should be recorded in the checklist.

Type of accident	Documents to send with the incident investigation pack
Assault	☐ Full Staff Training Records (including WSMS Safety Task Card Training) for injured person ☐ Temporary Workers Induction card / briefing record for agency workers ☐ Service specific risk assessment (e.g. Catering Services, Cleaning Services, Portering Services Risk Assessment) ☐ Applicable Safety Task Card ☐ SIA Training certificates where applicable ☐ Physical intervention training ☐ Conflict management training ☐ Relevant safety conversations briefed with sign off
Slip, Trip or Fall	☐ Full Staff Training Records (including WSMS Safety Task Card Training) for injured person ☐ Agency & Temporary Workers Induction card / briefing record ☐ Service specific risk assessment (Catering Services, Cleaning Services, Portering Services Risk Assessment) ☐ Opening and closing checklists for date of incident ☐ Training record for person to last clean the floor prior to incident ☐ Unit floor safety risk assessment ☐ Applicable Safety Task Card ☐ Hourly floor check and training record for person who last completed the floor check (Retail) ☐ Record of PPE Issue for injured person ☐ Details of footwear worn ☐ Relevant safety conversations briefed with sign off
Task Related Injuries: cuts, manual handling, burns, fall from height etc.	☐ Full Staff Training Records (including WSMS Safety Task Card Training) for injured person ☐ Temporary Workers Induction card / briefing record for agency workers ☐ Service specific risk assessment (Catering Services, Cleaning Services, Portering Services Risk Assessment) ☐ Applicable Safety Task Card ☐ Task Specific Manual Handling Risk Assessment where applicable ☐ Relevant safety conversations briefed with sign off
Contact with chemical	☐ Full Staff Training Records (including WSMS Safety Task Card Training) for injured person ☐ Temporary Workers Induction card / briefing record for agency workers ☐ Service specific risk assessment (Catering Services, Cleaning Services, Portering Services Risk Assessment) ☐ Applicable Safety Task Card for task being completed ☐ Chemical Product Assessment and Task Card ☐ Safety data sheet for non-Ecolab chemicals ☐ Record of PPE Issue for injured person ☐ Relevant safety conversations briefed with sign off
Contact with stationery or moving objects	☐ Full Staff Training Records (including WSMS Safety Task Card Training) for injured person ☐ Temporary Workers Induction card / briefing record for agency workers ☐ Service specific risk assessment (Catering Services, Cleaning Services, Portering Services Risk Assessment) ☐ Applicable Safety Task Card ☐ Risk assessment employee training card ☐ Equipment maintenance records ☐ Relevant safety conversations briefed with sign off
Injury due to broken furniture or equipment	☐ Full Staff Training Records (including WSMS Safety Task Card Training) for injured person ☐ Temporary Workers Induction card / briefing record for agency workers ☐ Service specific risk assessment (Catering Services, Cleaning Services, Portering Services Risk Assessment) ☐ Applicable Safety Task Card ☐ Equipment maintenance records ☐ Opening and Closing Checklist for the date of the incident ☐ Relevant safety conversations briefed with sign off

CHECKLIST OF ACTIONS / DOCUMENTS REQUIRED

	Action / document required	Completed (tick)	Included in pack	If not included / completed, advise why
1	Visit and record the location where the incident took place. Record area and exact location.	☐	☐	**Area / Exact Location:**
2	Note the condition of the area and confirm whether it was made safe. State clearly if any defects were observed or confirm that none were observed.	☐	☐	
	Provide details of condition, including defects?			
3	Take photographs of the location showing relevant equipment, flooring, hazards, the general area and the injury.	☐	☐	
4	Obtain the injured person statement (Appendix 1). **(Please review the guidance on Taking Witness Statements below)**	☐	☐	
5	Obtain witness and manager or supervisor details and witness statement(s) (Appendix 2 and / or 3). **(Please review the guidance on Taking Witness Statements below)**	☐	☐	
6	**SKETCH OF INCIDENT LOCATION (BIRD'S EYE VIEW)** Draw where the incident happened or attach a separate sketch / diagram.			
7	Detail what treatment the injured person received. *(No Treatment Given/ Offer of Treatment Refused/ First Aid on Site/ Sent to Hospital for Further Treatment)*	☐	☐	
	Treatment details:			
8	Provide relevant risk assessments and or Safety Task Cards for the task being undertaken which were in place at the time of the incident.	☐	☐	
9	Provide relevant Site Information Pack training record, Safety Task Card training records and full training / induction records for colleagues involved.	☐	☐	
10	Provide maintenance records and any applicable statutory testing certificates, where relevant.	☐	☐	
11	Confirm whether CCTV coverage exists. If yes, review whether the incident was captured and request a copy of the footage.	☐	☐	
12	Provide any other relevant documents and record details.	☐	☐	

GUIDANCE ON TAKING WITNESS STATEMENTS – This should be done as soon as possible following the incident

Speak to each witness separately while events are fresh. Find a quiet place and explain that you need a factual account, not an opinion hearsay or accusation. Record the witness's own words and only what they personally saw, heard or did.

1. Let them explain
Start with open questions: "Please talk me through what happened." • "What did you see or hear?" • "Where were you at the time?" • "What happened next?"

2. Check the detail
Use follow-up questions to fill gaps: "Approximately what time was this?" • "How close were you?" • "Who else was present?" • "What happened immediately before and after?" • "Did you see that yourself, or were you told about it?" • "Is there anything else you remember?"

3. Do not lead the witness
Avoid: "The floor was wet, wasn't it?" Ask: "What did you observe about the floor?" Avoid: "They weren't paying attention, were they?" Ask: "What did you see the person doing?"

4. Complete the statement
Check that it clearly records who, what, where and when. Read it back to the witness, correct any inaccuracies, and ask them to confirm it is a true account before signing and dating it.

Should an injured person be unavailable to provide a witness statement in person on site, you can take a witness statement over the phone. You should compile your notes of their statement and email it to the witness, asking them to confirm by response that the content of the witness statement provided is a true account and represents the information that was provided over the phone to you.

Remember: Record facts, not fault. Do not add assumptions or conclusions.

DETAILS AND STATEMENT FROM INJURED PERSON | APPENDIX 1

(Please print clearly if completing by hand)

Name	Age	Sex / gender

Job role (if applicable)	Compass employee no. (if applicable)	Length of service

Home address

Contact telephone no.	Contact email address

PLEASE NOTE THE INJURED PERSONS RESPONSES TO THE FOLLOWING QUESTIONS AND DETAIL THEIR DESCRIPTION OF WHAT HAPPENED AT THE TIME OF THE INCIDENT:

Please give a brief account of how the accident happened, the injuries sustained and any first aid or other treatment given.	
What were you doing at the time of the accident and who instructed you to do what you were doing?	
Was anyone else with you? If yes, who were they and did they see what happened?	
What was the condition of the location where the incident happened?	
What tools and equipment were provided to you to undertake the task?	
Was PPE required for the task? If yes, what PPE were you wearing at the time of the incident?	

If I receive further medical treatment in relation to this incident, I confirm I will advise my Line Manager or Supervisor.

Signatures to be hand signed – digital signatures are not sufficient

Injured person's signature / name	Date

Area Manager or Site Supervisor signature / name	Date

COLLEAGUE / NON-COLLEAGUE WITNESS STATEMENT | APPENDIX 2

(Please print clearly if completing by hand)

Witness name	Job Role
Employer (if applicable)	**Contact telephone**
Contact email	**Statement date / time**

Home / correspondence address

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Did you see what happened? If not, explain how you became aware of it.	Yes ☐ No ☐
Where did the incident occur and when?	
Describe in full what you observed, including details of any other witnesses. Distinguish direct observations from information provided by others.	

Signatures to be hand signed – digital signatures are not sufficient

Witness signature / name	Date
Area Manager or Site Supervisor signature / name	**Date**

MANAGER / SUPERVISOR STATEMENT | APPENDIX 3 (MUST BE COMPLETED BY MANAGER OR SUPERVISOR)

(Please print clearly if completing by hand)

Manager / supervisor name	Role	Contact telephone

Unit / location	Statement date / time

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Did you see what happened? If not, explain how you became aware of it.	Yes ☐ No ☐
Where did the incident occur and when?	
Describe in full what you observed, including details of any other witnesses.	
Was the person instructed to undertake the task?	Yes ☐ No ☐ Unsure ☐ If yes, confirm who instructed them to undertake the task:
Was the incident directly attributable to the actions and/or omissions of a member of the Compass unit team?	Yes ☐ No ☐ Unsure ☐ Please explain your reasons:

Signatures to be hand signed – digital signatures are not sufficient

Witness signature / name	Date

Line Manager signature / name	Date

CCTV REQUISITION FORM

To whom it may concern,

I refer to an incident that occurred on

Date of incident	Time (hrs)

The location of the incident was

Location

I believe that this incident may have been captured on the CCTV system in this area of the building. I would now formally like to request copies of the footage under Schedule 2 Part 1(5) of the Data Protection Act 2018.

The reason we are requesting this footage is in contemplation of any claims or legal proceedings due to the nature of evidence it potentially provides in relation to the parties that may be involved in those proceedings.

If you would like to discuss further or require more details, please contact me on

Contact telephone number

Yours faithfully,

Unit Manager
On behalf of Compass Group UK & Ireland

Name	Unit	Date