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|  | Incident Investigation Pack |  |

**This Pack must 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 check that you have actioned all points as soon as the injured person has been treated.**

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

**YOU MUST TAKE THIS PACK WITH YOU TO THE LOCATION OF THE INCIDENT**

Please use the checklist on page 3 to complete all parts of this pack.

**At the time of the incident – Gathering key information.** This involves gathering information including witness details/statements/diagrams/photos etc. (see appendix 1 to 3 for statement templates).

**After the incident – Reporting and escalation requirements.** You must report the incident via the AIR3 Incident Reporting system as soon as possible after the incident has occurred. If you have no computer access, you can telephone the Accident Reporting Line on 0121 457 5194. You must also escalate incidents in accordance with the requirements of the Unit Managers Emergency Manual and Crisis Management Plan

**After the incident – Documentation review and storage.** You must gather all required paperwork as detailed on Page 2 and retain a copy of this pack in a secure and easily retrievable location in your Unit. It is important that you write your notes clearly in the sections provided at the time of the incident. This document must be retained for a period of 6 years. You will also be requested to upload copies of this incident pack and relevant supporting documents to AIR3 if you have the capability to do so. Alternatively, you can post it by recorded delivery to **HSE Department, Compass Group UK & I, 24 Parklands, Parklands Court, Rubery, Birmingham, B45 9PZ. For Ireland please send to: 3rd Floor, 43a Yeats Way,**

**Parkwest Business Park, Dublin 12**

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| --- |
| **Person completing this form:** |
| **Name:**  | **Sector:**  |
| **Employee Number:** |  | **Job Role:** |  |
| **Compass Unit Number:** |  | **Unit Name:** |  |
| **Date & Time of Incident:** |  | **AIR3 Reference:**  |  |
| **Full postal address of unit incl. post code & telephone number** |  |
| **Unit email address:** |  |
| **Injured Person Details:** |
| **Name:** |  | * **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.** | **Nature of Injury:** **e.g. Bruise, cut, burn, fracture etc.** |
| **Cause of Injury:** **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**

**Please note Full Staff Training Record card MUST be sent in every case an employee is involved**

**Supporting documents MUST be included or a reason why they are not included should be noted in the relevant boxes on page 3**

|  |  |
| --- | --- |
| **Type of Accident** | **Documents you should send with the IIP** |
| Assault | * Full Staff Training Record Card for IP or Temporary Workers Induction card for Agency
* Site specific Risk Assessment
* Risk Assessment Employee Training Card
* Training certificates
* Physical Intervention training
* Conflict Management training
* Relevant Safety Conversations briefed with sign off
 |
| Slip, Trip or Fall | * Full Staff Training Record Card for IP or Temporary Workers Induction card for Agency
* Opening and Closing Checklists for the date of incident
* Full Staff Training Record Card for the person to last clean the floor prior to the incident
* Floor Safety Risk Assessment
* Risk Assessment Employee Training Card
* Hourly Floor Check
* Full Staff Training Record Card for the person who last completed the floor check
* Details of footwear worn
* Relevant Safety Conversations briefed with sign off
 |
| Task Related Injuries: Cuts, Manual Handling, Burns, Fall from Height, etc. | * Task specific Risk Assessment (i.e. sharp knives, needle stick, etc.)
* Risk Assessment Employee Training Card
* Full Staff Training Record Card for IP or Temporary Workers Induction card for Agency
* Relevant Safety Conversations briefed with sign off
 |
| Chemical Burns | * Task specific Risk Assessment
* Risk Assessment Employee Training Card
* Full Staff Training Record Card for IP or Temporary Workers Induction card for Agency
* COSHH Product Assessment
* Safety Data Sheet
* Relevant Safety Conversations briefed with sign off
 |
| Contact with Stationary or moving objects | * Task/ Equipment specific Risk Assessment
* Risk Assessment Employee Training Card
* Full Staff Training Record Card for IP or Temporary Workers Induction card for Agency
* Maintenance Records
* Relevant Safety Conversations briefed with sign off
 |
| Injury due to broken furniture/ equipment | * Equipment specific Risk Assessment
* Risk Assessment Employee Training Card
* Full Staff Training Record Card for IP or Temporary Workers Induction card for Agency
* 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, Obtain and copy the following** | **Area** | **Location** |
| **1** | Visit and record the location where the accident took place  |  |  |
| **2** | Note the condition of the area at location and ensure that it is safe. State clearly, what if any defects observed, if no defects observed, please state this.  |  |
|  | **Completed****(Please tick)** | **Included in Pack****(Please tick)** | **If Not included or completed please advise why** |
| **3** | Is there CCTV coverage? If yes review to see if the incident is captured and request a copy of the footage using the form on page 4. Retain copy of CCTV footage and upload to AIR3 if possible |  |  |  |
| **4** | Take photographs of the location to show specific details of equipment, flooring, general location etc. |  |  |  |
| **5** | Obtain injured persons statement (Appendix 1) |  |  |  |
| **6** | Obtain witness details and statement (Appendix 2 and 3) |  |  |  |
| **7** | Draw a bird’s eye view of where the incident happened in the box below; |
|  |
| **7** | Detail if injured person required any first aid or medical treatment |  |
|  | **Completed****(Please tick)** | **Included in Pack****(Please tick)** | **If Not included or completed please advise why** |
| **9** | Provide relevant risk assessments for the task being completed prior to the incident |  |  |  |
| **10** | Provide relevant risk assessment training records and full training or induction records for colleagues involved in the incident |  |  |  |
| **11** | Provide maintenance records if the incident related to a particular piece of equipment |  |  |  |
| **12** | If applicable statutory testing certificates e.g. gas safety, lift inspection, pressure test |  |  |  |
| **13** | Provide any other relevant documents – please detail  |  |  |  |

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| --- | --- | --- |
|  | **CCTV REQUISITION FORM** | **Compass Logo.JPG** |

**To Whom it May Concern:**

I refer to an incident that occurred on ……………………. at ……………..hrs.

The location of the incident was………………………………

I believe that this incident would have been captured on the CCTV system in this area of the building.

I should be grateful if you would review the CCTV footage and provide a copy on CD of the incident events.

If you would like to discuss further or require more details then please contact me on ………………….

Yours faithfully,

Unit Manager

On behalf of Compass Group UK & Ireland

|  |  |  |
| --- | --- | --- |
|  | **INJURED PERSON****DETAILS AND STATEMENT** | **APPENDIX 1** |

**(PLEASE PRINT CLEARLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Job Role:****(if applicable)** |  | **Compass Employee Number (If applicable)** |  |
| **Home address:**  |
| **Contact telephone number:** |  | **Contact email address:** |  |
| **Did you attend your next shift?** |  |

**Please confirm your answers to the following questions and give a brief description of what happened at the time of the incident:**

|  |  |
| --- | --- |
| What were you doing at the time of the accident? |  |
| 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? |  |
| Please give a brief account of how the accident happened along with the injuries sustained and any first aid or medical treatment given to you. |  |

**If I receive further medical treatment in relation to this incident, I confirm I will advise my Line Manager or inform the Catering Department.**

**Injured person’s signature…………………………………………………… Date: ...............................**

**Area Manager or Site Supervisor signature…………………………….... Date: ................................**

|  |  |  |
| --- | --- | --- |
|  | **Colleague/ Non-Colleague** **Witness Statement****PLEASE USE ADDITIONAL PAGES IF MORE THAN ONE WITNESS** | **APPENDIX 2** |

**(PLEASE PRINT CLEARLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Job Role:** |  | **Compass Employee Number (If applicable)** |  |
| **Home address:**  |
| **Contact telephone number:** |  | **Contact email address:** |  |

**Please describe what happened:**

|  |  |
| --- | --- |
| Did you see what happened? If yes what did you witness?*(Actions undertaken, any equipment being used, any PPE being worn)* |  |
| Describe the condition of the location where the accident happened? |  |

**Witness’s signature…………………………………………………............… Date: .............................**

**Area Manager or Site Supervisor signature………………………………. Date: .............................**

|  |  |  |
| --- | --- | --- |
|  | **Manager/ Supervisor****Witness Statement****PLEASE USE ADDITIONAL PAGES IF MORE THAN ONE WITNESS** | **APPENDIX 3** |

**(PLEASE PRINT CLEARLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Job Role:** |  | **Compass Employee Number (If applicable)** |  |
| **Home address:**  |
| **Contact telephone number:** |  | **Contact email address:** |  |

**Please describe what happened:**

|  |  |
| --- | --- |
| Did you see what happened? If yes what did you witness?*(Actions undertaken, any equipment being used, any PPE being worn)* |  |
| Describe the condition of the location where the accident happened? |  |
| Was the injured person instructed to carry out the task being undertaken? |  |
| Was a risk assessment/ safe system of work in place for the task being undertaken? |  |
| Had the injured person been trained in the task being undertaken and if so, do you have the records? |  |
| In your opinion was the injured person carrying out the task in a safe manner? If no, please state your reasons why not. |  |

**Witness’s signature…………………………………………………............… Date: ...............................**

**Line Managers signature……………………………………………………… Date: ...............................**