



EAST DUNBARTONSHIRE COUNCIL
INCIDENT REPORTING FORM
PART ONE

1 DIRECTORATE
DEPARTMENT
LOCATION

2 INCIDENT Date of Incident Time of Incident
Site:
Address:
Telephone:
Council Property Yes [] No []

3 INJURED PERSON Nature of Injury (state part and side of body affected)
Full Name: Work Base:
Home Address: Address:
Post Code:
Employee Ref No
Occupation: Telephone:.....
Age: Sex M [] F [] STATUS: Council Employee [] Work Experience []
Disposal: Resumed work [] Sent home [] Member of Public [] Pupil []
Advised to see own doctor [] Sent to Hospital [] Other []
Consent for Trade Union Representative to view personal details Yes/No* delete as appropriate

4 ABOUT YOU, THE PERSON COMPLETING THIS RECORD
Full Name:
Home Address:
Post Code
Occupation

PLEASE FORWARD COMPLETED FORM TO THE
HEALTH AND SAFETY SECTION BROOMHILL DEPOT
FOR FURTHER INFORMATION ON ANY OF THE ABOVE
PLEASE PHONE 0141 574 5624

