

Instructions: Complete all sections. This is a confidential, internal document and should be passed to the Production safety department upon completion. No copies should be made without permission from the Production safety supervisor.

Reporter's Phone No.

Date Reported  Time Reported

[illegible][illegible][illegible]

Incident Date   -   -     Incident Time   :

**Incident Details** (write in neat longhand) Include details of how/why the incident occurred including injuries, first aid treatment given etc)

Incident Sub Type:	Weather conditions:			Severity:	Significant Incident:
<input type="checkbox"/> First Aid Case (FAC)	<input type="checkbox"/> Adverse Cold Temp	<input type="checkbox"/> Fog	<input type="checkbox"/> Snow	<input type="checkbox"/> Very Low	<input type="checkbox"/> Yes
<input type="checkbox"/> Medical Treatment Case (MTC)	<input type="checkbox"/> Adverse Hot Temp	<input type="checkbox"/> High Winds	<input type="checkbox"/> Ice	<input type="checkbox"/> Low	<input type="checkbox"/> No
<input type="checkbox"/> Serious Incident Case (SIC)	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Ice		<input type="checkbox"/> Medium	
<input type="checkbox"/> Fatality	<input type="checkbox"/> Dry	<input type="checkbox"/> Other		<input type="checkbox"/> High	

INJURED PERSONS DETAILS

Name

BLOCKCAPITALS

Telephone Number

NUMBER

Email Address

BLOCKCAPITALS

Date of Birth

DD-MM-YYYY

If injured person is under 18 years give details of parent/guardian below (not the chaperone):

Name

BLOCKCAPITALS

Telephone Number

NUMBER

Was the injured person?

☐ Crew

☐ Contractor/Vendor

☐ Other

If crew member:

Job Title

BLOCKCAPITALS

Department:

- ☐ Accounts
- ☐ Construction
- ☐ H&M
- ☐ Picture/Action Vehicles
- ☐ SFX
- ☐ ADs
- ☐ Costume
- ☐ H&S
- ☐ Post
- ☐ Shoot Crew
- ☐ Art
- ☐ Electrical
- ☐ IT
- ☐ Production
- ☐ Studio Unit
- ☐ Camera
- ☐ Electrical Rigging
- ☐ Locations
- ☐ Props
- ☐ Stunts
- ☐ Cast
- ☐ Environmental
- ☐ Medical
- ☐ Security
- ☐ Transport
- ☐ Construction
- ☐ Greens
- ☐ Other
- ☐ Set Dec
- ☐ VFX

If contractor or vendor:

Company

BLOCKCAPITALS

PRIMARY CAUSE

- ☐ Contact with electricity
- ☐ Fire/heat/explosion
- ☐ Slip, trip or fall from the same level
- ☐ Contact with machinery
- ☐ Injured by animal
- ☐ Stepping on/striking against an object
- ☐ Crush/trapped by something collapsing
- ☐ Manual handling
- ☐ Struck by moving vehicle
- ☐ Exposure to hazardous substance
- ☐ Other, specify in details
- ☐ Struck by object
- ☐ Fall from height
- ☐ Physical assault

INJURED BODY PARTS

- ☐ Eye
- ☐ Hand
- ☐ Ear
- ☐ Wrist
- ☐ Head
- ☐ Finger
- ☐ Neck
- ☐ Lower limb
- ☐ Back
- ☐ Ankle
- ☐ Trunk
- ☐ Foot
- ☐ Upper limb
- ☐ Toe

INJURY

- ☐ Amputation
- ☐ Fracture
- ☐ Bruising, contusions
- ☐ Laceration/open wound
- ☐ Burns, scalds
- ☐ Other, specify in details
- ☐ Concussion or internal injuries
- ☐ Sprain or strain
- ☐ Dislocation
- ☐ Superficial injuries
- ☐ Electric shock
- ☐ Eye injury

TREATMENT

- ☐ First aid given and returned to work
- ☐ First aid given and sent/taken to hospital
- ☐ Not required
- ☐ Offsite medical treatment
- ☐ Refused

MEDIC/NURSE/FIRST AIDER DETAILS

Name

BLOCKCAPITALS

Telephone Number

NUMBER

Email Address

BLOCKCAPITALS

WITNESS DETAILS

Any witnesses? ☐ Yes ☐ No If yes, give names and contact numbers below