

Learner Incident Record (F2508 Duplicate)

Incident Number: (LSC use only):

Please complete and attach to a copy of the Learner Incident Record Form

Part 1 – Placement/Learning Location and Incident Details

Placement/Location
name and address:

Name of Learner:

Date and time of incident:

Precise location of the incident:

No. of employees:

What type of work does the organisation do (& SIC 92 Code):

Part 2 – Describing what happened

Give details of what the person was doing and other details such as the events that led up to the incident, the name/type of machinery, equipment of substances involved, and the part played by any other people. Describe any action that has since been taken to prevent a similar incident.

Part 3 - About the injury (Note: If you are reporting a specific disease/condition, go to Part 5 below)

1. What was the injury (e.g. fracture, laceration):

2. What part of the body was injured:

3. What is the category of the injury (tick one box only):

A fatality:

Major injury/condition:

An injury which prevented the learner from doing their normal work for more than 3 days:

An injury to a learner at the learning location that resulted in them being taken to a hospital:

4. Did the learner:

Become unconscious:

Need resuscitation:

Remain in hospital for more than 24 hrs:

None of the above:

Part 4 – Kind of accident

Please tick the **one** box that best describes what happened:

Contact with machinery or material being machined:

Hit by moving, flying or falling object:

Hit by moving vehicle:

Hit something fixed or stationary:

Injured while handling, lifting or carrying:

Slipped, tripped or fell on the same level:

Fell from a height:

How high was the fall:

Trapped by something collapsing:

Drowned or asphyxiated:

Exposed to or contact with harmful substance:

Exposed to fire:

Exposed to an explosion:

Contact with electricity or electrical discharge:

Injured by an animal:

Physically assaulted by a person:

Another kind of accident (describe in Part 2):

Part 5 – Specified reportable disease or condition

Date of the doctor's statement diagnosing or confirming the disease:

Please give the name of the disease/condition and the type of work it is associated with:

OR

The name and number of the disease (taken from Schedule 3 of RIDDOR publication L73):

Doctor's name and address:

Assessment LSC/0961/04