

ENVIRONMENTAL INCIDENT / ACCIDENT / NEAR MISS REPORT FORM

Guidance for completing this form:

Part A is to be completed by the person reporting the event. Please use BLOCK CAPITALS.

Send the original form to the Estates Risk Management Advisor, retaining a copy for your own records.

PART A	
1. Name of person reporting:	_____
2. Division / School:	_____
3. Were you directly involved in the event?	YES / NO
4. If so, in what capacity?	_____
5. Date of event:	_____
6. Time of event:	_____
7. Location of the event:	
8. Was the event an: ACCIDENT / INCIDENT / NEAR MISS <i>(Please circle as appropriate)</i>	
9. What was the nature of the risk? <i>(Please indicate with an X)</i> Fire Explosion Spillage, leakage or uncontrolled discharge of substances <i>(Other than special, hazardous or restricted substances)</i> Spillage of special, hazardous or restricted substances <i>(e.g. oil, detergent, paint)</i> Emission to air of gas, dust, fumes or other pollutants Pollution of water courses, surface water drains, foul water sewers Contamination of land, flora, fauna Damage to archaeology, listed building, local heritage etc Noise, litter, light, odour, vibration or other nuisance Human Health and Safety Other risk <i>(please describe below)</i>	
10. Further details on the nature of the risk. (E.g. Describe the potential or actual impact on the environment or local features; is any waterway at risk and how near is it; what volume of substance was discharged; what was the hazardousness of the substances involved.)	

11. Describe what happened.

(Give as much detail as possible, e.g. the name of any substance involved; what happened leading up to the event; the part played by any people including third parties; the names of any witnesses; any action taken at the time of the event.

Signature of person completing form:

Date of completing form:

PART B

(FOR COMPLETION BY ESTATES RISK MANAGEMENT ADVISOR)

Preventative or corrective action identified and agreed:

Action to be taken.

By who.

Deadline for implementation.

Signature of person responsible for action plan:

Position:

Date of implementation: