**Instructions**

1. Please use this form to report all BDMLR related incidents, diseases, ill health and even near misses
2. You can type in the boxes on the form.
3. It is best to complete this form as soon after the incident as possible so memories are fresh
4. Email the completed form to [info@bdmlr.org.uk](mailto:info@bdmlr.org.uk) marking clearly in the subject line: ‘BDMLR Accident form’.
5. The incident will be investigated, and you will be made aware of the outcome as soon as is practically possible, but depending on the nature of the incident, this may not be immediately.

**Section 1 – Your details**

|  |  |
| --- | --- |
| Name |  |
| Medic Number |  |
| Address |  |
| email |  |
| Telephone Number |  |

**Section 2 - About the Incident**

|  |  |  |  |
| --- | --- | --- | --- |
| What are you reporting? *(Is this an accident, an infection, ill health etc)* |  | | |
|  | | | |
| When did it happen? | *Day:* | *Date:* | *Approx time:* |
|  | | | |
| Where did it happen?  *Please provide the incident location.* |  | | |
|  | | | |
| What happened?  *Please describe the near miss, accident, incident, dangerous occurrence etc., including events that lead to it, and details about any equipment, substances or materials involved.* |  | | |
|  | | | |
| Witnesses  *Name(s) and contact details of anyone who witnessed the incident.* |  | | |

**Section 3 – About the Person involved (if applicable)**

|  |  |
| --- | --- |
| What type of injury / illness / disease was sustained? |  |
|  | |
| Please include which part of the body was affected. |  |
|  | |
| What treatment was provided? Please include whether first aid and/or hospital treatment was needed? |  |
|  | |

|  |  |
| --- | --- |
| Date form completed: |  |