

## **COMAH INCIDENT REPORT**

**An unplanned, unwanted event which could or has led to a COMAH related incident**

This form is to be completed by a **Manager, Director** or a person nominated them.

### **Time, Date, Location**

When did the incident occur?      Time: ..... Date: .....

Where did the incident occur? .....

.....

Who was involved in the incident? .....

.....

### **Incident**

Provide a full description of what happened

### **Action to be taken/Recommendations**

Is there any action needed to ensure this incident is not repeated

### **Department Manager**

Is this an isolated incident? YES / NO

Does this incident involve other departments? YES / NO

Has damage has occurred to property? Provide a brief description: .....

.....

.....  
.....  
What immediate action that needs to be taken to ensure area remains safe? .....

Are employee's involved deemed competent in relation to this incident? YES / NO

If NO, why not? .....  
.....

### **Insurance Company Notification**

Have the Insurance Company been notified? YES / NO

and By Whom: .....

### **Risk Assessment Review**

Has the current risk assessment been reviewed and any actions recorded? YES / NO

### **RIDDOR Notification – [www.hse.gov.uk/riddor/report](http://www.hse.gov.uk/riddor/report)**

Should RIDDOR be notified of the accident? YES / NO

If YES, attach a copy of the notification to this report.

### **RIDDOR reportable incidents – [www.hse.gov.uk/riddor/reportable-incidents](http://www.hse.gov.uk/riddor/reportable-incidents)**

**Dangerous occurrences** – certain specified near-miss events. 27 categories of dangerous occurrences that are relevant to most workplaces e.g. the collapse, overturning or failure of load bearing parts of lifts and lifting equipment; plant or equipment coming into contact with overhead power lines; the accident release of any substance which could cause injury to any person.

### **NOTIFY DGSA**

Date of notification: ..... By whom: .....

**Update to MAPP required:** Yes: ..... No: .....

### **Signatures**

Manager's Signature: ..... Date: .....

Employee's Signature: ..... Date: .....

HSE Director's Signature: ..... Date: .....