



# Health and Safety Charter

Form No: HBF/hsf001

Revision: 008 (Draft)

Issue Date: 01 February 2013

## QUARTERLY DATA COLLECTION FORM – 2012/2013

### SECTION 1: CHARTER SIGNATORY ORGANISATION

1.1 Company  1.2 Reporting Period  Quarter

1.3 Name  1.4 Position

### SECTION 2: RIDDOR INCIDENTS

Ref	RIDDOR Category	N.1 Number for directly employed	N.2 Number for Sub- contractors	N.3 Number for Visitors and Members of the Public
2.1	Fatality.			
2.2	Major injury or condition to persons at work.			
2.3	Over 7 day injury to an employee or self-employed person.			
2.4	An injury to a member of the public that meant they had to be taken from the scene of the accident to a hospital for treatment.			

### SECTION 3: KIND OF ACCIDENT

Ref	Kind of Accident	2.1 Fatality			2.2 Major Injury			2.3 Over 7 Day			2.4 Member of public		
		N1	N2	N3	N1	N2	N3	N1	N2	N3	N1	N2	N3
A	Contact with moving machinery												
B	Hit by moving, flying or falling object												
C	Hit by moving vehicle												
D	Struck against something fixed or stationary												
E	Injured while manually handling, lifting or carrying												
F	Slipped, tripped or fell on the same level*												
G	Fell from height												
H	Trapped by something collapsing or overturning												
I	Drowned or asphyxiated												
J	Exposed to or contact with a harmful substance												
K	Exposed to fire												
L	Exposed to explosion												
M	Contact with electricity or an electrical discharge												
N	Injured by an animal												
O	Physically assaulted by a person												
P	Another kind of accident												
TOTAL													

### SECTION 4: AVERAGE NUMBER EMPLOYED

4.1 Average number employed

\* Remember to complete section 5 on page 2.



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## SECTION 5: SLIPS, TRIPS AND FALLS DATA

Heading	SLIP		TRIP		FALL
Sub Heading Category	No Fall (5A)	Fall (5B)	No Fall (5C)	Fall (5D)	Fall (5E)

					If relevant to the cause(s) of the accident record details of .....			
Ref	Category (e.g. 5A, 5D – see above)	Cause (what they tripped over, slipped on, why they fell)	Location (Where it happened)	Activity (What the person was doing at the time)	Footwear (Type being worn at the time)	Light Levels (e.g. bright, dim, dark)	Weather (e.g. raining, snowing, sunny)	Other (e.g. unsafe behaviour)
5.1								
5.2								
5.3								
5.4								
5.5								
5.6								
5.7								

## SECTION 6: FIRE DATA

Ref	Type of Building(s) (e.g. House, Apartment Block)	Building Construction (e.g. timber frame, brick and block, slipform, steel frame etc)	Description of the most likely cause (e.g. arson, electrical fault, hot work)	Description of the Losses (e.g. damage caused, to whom, to what degree)	Date of fire
6.1					
6.2					
6.3					
6.4					



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## SECTION 7 – ENFORCEMENT AGENCY FEE FOR INTERVENTION

Date	Enforcement Agency	Reason for Intervention; eg. Accident/Near Miss/Complaint/Inspection	Fee Applied (£)	Appeal (yes or no)