Northwind Facilities
HEALTH, SAFETY & ENVIRONMENT

Incident Report

HSE-IR-03 · Rev. 9 · February 2026

REPORT IMMEDIATELY. If anyone is injured, call emergency services first and make the area safe. Do not move plant, tools or materials involved until the area has been photographed, unless leaving them creates a further risk. Near misses are reported on this same form — a near miss is the same event with better luck.

1 · WHAT HAPPENED

Complete within 24 hours of the event

REPORT NUMBER — Office use

DATE OF INCIDENT * — DD / MM / YYYY

TIME (24 H) *

DATE REPORTED

EXACT LOCATION — SITE, BUILDING, FLOOR, ROOM OR GRID REFERENCE *

AREA OR DEPARTMENT

TYPE OF INCIDENT — TICK EVERY BOX THAT APPLIES *

- ☐ Injury
- ☐ Near miss
- ☐ Property or plant damage
- ☐ Environmental release
- ☐ Fire or smoke
- ☐ Security or violence
- ☐ Vehicle
- ☐ Ill health
- ☐ Dangerous occurrence
- ☐ Other (describe in section 3)

REPORTED BY — NAME AND ROLE *

CONTACT NUMBER

REPORTED TO — NAME AND ROLE

2 · WHO WAS INVOLVED

NAME	ROLE OR RELATIONSHIP	EMPLOYER OR DEPARTMENT	INJURED? TREATMENT GIVEN

3 · DESCRIPTION

Facts only — do not record opinion or blame

DESCRIBE WHAT HAPPENED, IN SEQUENCE: WHAT WAS BEING DONE, WHAT WENT WRONG, AND WHAT HAPPENED NEXT

SKETCH, LAYOUT OR POSITION OF PERSONS AND EQUIPMENT (OPTIONAL)

4 · SEVERITY

Tick one for actual outcome and one for reasonable worst case

1 — NEGLIGIBLE	2 — MINOR	3 — MODERATE	4 — MAJOR	5 — SEVERE
☐	☐	☐	☐	☐
No injury or treatment. No damage. No disruption beyond the immediate task.	First aid only. Minor damage, repairable in place. Local disruption under a shift.	Medical treatment, or time lost. Equipment out of service. Reportable internally.	Serious injury or hospital admission. Significant damage or a release beyond the boundary.	Fatality, life-changing injury, or an event with catastrophic potential. Notify the regulator.

REASONABLE WORST CASE HAD CIRCUMSTANCES DIFFERED

◯ 1 — Negligible ◯ 2 — Minor ◯ 3 — Moderate ◯ 4 — Major ◯ 5 — Severe

REPORTABLE TO A REGULATOR?

☐ No ☐ Yes — notify within 24 h

5 · WITNESSES

NAME	CONTACT	WHERE THEY WERE	STATEMENT TAKEN? BY WHOM, WHEN

6 · IMMEDIATE ACTION TAKEN

ACTIONS TAKEN AT THE SCENE — TICK ALL THAT APPLY

☐ Area made safe ☐ First aid given ☐ Emergency services called ☐ Equipment isolated and tagged

☐ Spill contained ☐ Photographs taken ☐ Work stopped ☐ Line manager informed ☐ Permit withdrawn

☐ Nothing further required

7 · CAUSE AND CORRECTIVE ACTION

Completed by the investigating manager

CONTRIBUTING FACTORS IDENTIFIED

ROOT CAUSE AND METHOD USED TO REACH IT

NO.	CORRECTIVE OR PREVENTIVE ACTION	OWNER	DUE DATE	VERIFIED
1				
2				
3				
4				
5				

8 · SIGN-OFF

PERSON REPORTING — SIGNATURE AND DATE

LINE MANAGER — SIGNATURE AND DATE

HEALTH & SAFETY REVIEW — SIGNATURE AND DATE

FOR OFFICE USE ONLY — INVESTIGATION AND CLOSURE

LOG REFERENCE

INVESTIGATION LEVEL

REGULATOR NOTIFIED (DATE)

INSURER NOTIFIED (DATE)

CLOSURE SUMMARY AND LESSONS CIRCULATED

CLOSED BY

DATE CLOSED

This report is a health and safety record. It is used to investigate the event, to meet statutory reporting duties and to prevent recurrence. It is not a disciplinary document. Personal details are held for the statutory retention period and are disclosed only to those with a legitimate need.
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