



First Aid Policy

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| Approval Body: | MAS GB |
| Approval Date: | March 2025 |
| Implementation Date: | March 2025 |
| Review Date: | Spring Term 2026 |
| Status: | Approved |
| Policy Version: | Version 4 |

| Version | Reviewed | Changes since last version |
|----------------|-----------------|-----------------------------------|
| 1 | | Existing |
| 2 | March 2023 | No updates, part of annual review |
| 3 | March 2024 | No updates, part of annual review |
| 4 | March 2025 | Medical form updated |

1. Aims

The aims of our First Aid Policy are to:

- ensure the health and safety of all staff, students and visitors;
- ensure that staff and governors are aware of their responsibilities with regards to first aid;
- Provide a framework for responding to an incident and recording and reporting the outcomes.

2. Legislation and guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) (2000) and [health and safety in schools](#) (2013) and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees.
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records.
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of students.

This policy should be read in conjunction with:

- MAS Health and Safety Policy
- MAS Medical Needs Policy
- MAS Child Protection and Safeguarding Policy

This policy complies with our funding agreement.

3. Roles and responsibilities

3.1 Appointed person(s) and First Aiders

First Aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- taking charge when someone is injured or becomes ill;
- acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment;
- sending students home to recover, where necessary;
- filling in the First Aid record and if appropriate an accident report on the same day, or as soon as is reasonably practicable, after an incident (the forms are available in the front office reception);
- ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

3.2 The Governing Body

The Local Governing Body has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head teacher and staff members.

3.3 The Head of School /Executive Principal

The Head of School has delegated responsibility to the Executive Principal for the implementation of this policy, although keeping close supervision of its enactment. Responsibilities of the Associate Head teachers include:

- ensuring that an appropriate number First Aiders are present in the school at all times;
- ensuring that First Aiders have an appropriate qualification, keep training up to date and remain competent to perform their role;
- ensuring all staff are aware of first aid procedures;
- ensuring appropriate risk assessments are completed and appropriate measures are put in place;
- undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place;
- Ensuring that adequate space is available for catering for the medical needs of students.

3.4 The Senior Leader responsible for Health and Safety is responsible for:

- ensuring lists of First Aiders are displayed around the school;
- creating first aid duty rotas;
- reporting specified incidents to the Health and Safety Executive when necessary (see 6.2);
- monitoring the implementation of this policy;
- Reviewing this policy with staff involved.

3.5 Staff

School staff are responsible for:

- ensuring they follow first aid procedures;
- ensuring they know who the First Aiders in school are;
- creating and adhering to risk assessments for curricular and extended learning activities;

- completing accident reports for all incidents they attend to where a First Aider is not called;
- Informing the Head of School/Executive Principal or their manager of any specific health conditions.

4. First aid procedures

4.1 In-school procedures

Our First Aiders' names are displayed prominently around the school and their duty rota is available on the staff shared drive.

In the event that First Aid assistance is required, the student or member of staff or visitor (if they are able) should be taken to the medical room next to the front office reception. In the event that the person isn't mobile, a First Aider should be requested by phoning or sending a student to the general office.

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider, if appropriate, who will provide the required first aid treatment.
- The First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the First Aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents.
- The First Aider is expected to make a judgement as to the seriousness of the injured person's ailment. If they are in any doubt then they must contact the School Business Manager or a member of SLT.
- If emergency services are called, a member of the Senior Leadership Team will ensure that, for a student, contact is made with the parents/carers immediately and, for an adult, with their family contact if appropriate.
- In the event of a student being required to go to hospital, independently or by ambulance, the First Aider will ensure that they are accompanied, by them personally or by another member of staff if the parents are not present.
- In cases where students are to be taken to hospital parents will be informed as soon as possible. Upon arrival of the parents at the hospital, the member of staff is permitted to return to school.
- In the event of the emergency services being called, someone being taken to hospital, a chemical burn, serious impact or other injury being sustained, the Office Manager and the Senior Leader responsible for Health and Safety must be informed immediately.
- The First Aider / appropriate staff member who is aware of or witnessed the incident will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

4.2 Off-site procedures

When taking students off the school premises, staff will ensure they always have the following:

- a school mobile phone;
- a portable first aid kit;
- information about the specific medical needs of students/staff;
- Parents/carers' contact details.

Risk assessments will be completed by the trip leader, and validated by the Senior Leader responsible for Trips and Visits, prior to any educational visit that necessitates taking students off school premises.

There will always be at least one First Aider on school trips and visits where a child has an appropriate medical need.

In the case of an accident leading to injury, the trip leader will:

- assess the seriousness of the injury and access first aid support available at the venue;
- if the emergency services are called, call the SLT link for the trip who will ensure that parents/carers are contacted and informed;
- Follow the steps above.

4. First aid equipment

A typical first aid kit in our school will include the following:

- a leaflet with general first aid advice
- regular and large bandages
- eye pad bandages
- triangular bandages
- adhesive tape
- safety pins
- disposable gloves
- antiseptic wipes
- plasters of assorted sizes
- scissors
- cold compresses
- burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- the medical room
- reception (at the desk)
- all science labs
- all design and technology classrooms
- the school kitchens
- school vehicles

5. Record-keeping and reporting

6.1 First aid and accident record books

- The First Aider makes a record in the first aid book in the main reception for all students who receive First Aid or attend reception with ailments (Appendix 1). This assists in determining whether there are patterns of behaviour which may need to be investigated further.
- An accident form (Appendix 2), available from reception staff, will be completed by the First Aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all of the information required by the accident form.
- The member of staff completing the accident form will give a copy to the YLC for a student's educational record or to HR for a member of staff's record. The original form is put in the accident book.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Reporting to the Health and Safety Executive (HSE)

The Senior Leader responsible for Health and Safety will report any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7) to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death

Specified injuries, which are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)

- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness

- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

6. Training

All school staff are able to undertake first aid training if they would like to where it is practical and appropriate for their role.

All First Aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained First Aiders, what training they have received and when this is valid until. Staff are encouraged to renew their first aid training when it is no longer valid.

7. Monitoring and review

The Senior Leader responsible for Health and Safety monitors the implementation of this policy through informal meetings with appointed staff and First Aiders. S/he analyses first aid and accident records each term. This may lead to action with students through their YLCs or action with staff through training updates.

The policy is reviewed by the Senior Leader responsible for Health and Safety every three years with appointed staff and First Aiders, taking account of monitoring evidence and any updated guidance. This may lead to policy updates or changes. At every review, the policy will be approved by the Local Governing Body.

8. Availability of the policy

This policy is available on the school website and all staff are required to read it at the start of each academic year or shortly after their appointment if it is mid-year. It is included in wider health and safety updates with school staff.

ACCIDENT / INCIDENT REPORT (AIR) FORM

Non-LA Schools

All applicable fields **must** be completed on this report as the information is required under The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Types of reportable injury (legal requirement to report to HSE within timeframe limit)

The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on specified injuries is available.

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made to Corporate Health and Safety within 5 days of the accident, as it will need to be processed to HSE within 15 days.

Over-three-day incapacitation

Accidents must be recorded on our database, but we do not need to report to HSE.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public (pupils) or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome/severe cramp of the hand or forearm/occupational dermatitis/hand-arm vibration syndrome/occupational asthma/tendonitis or tenosynovitis of the hand or forearm/any occupational cancer/any disease attributed to an occupational exposure to a biological agent.

Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- 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 accidental release of any substance which could cause injury to any person.

Further guidance on these dangerous occurrences is available.

A 'Near-Miss' or damage only is any incident, where although on that occasion no one is injured, the circumstances are such, that if no action is taken, the incident is likely to be repeated and an injury is foreseeable e.g. trips on defective flooring, collapsing or falling objects or shelving. Monitoring 'near-misses' and taking appropriate preventative action will make a significant contribution to reducing injury and loss.

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Email completed AIR form to stuart.mcgregor@juniperventures.co.uk

SECTION 1: Origin of Report

1. School:

2. Reporting Officer:

3. Accident location:

4. Workplace Address:

SECTION 2: Type of Incident Being Reported

5. Type of Incident: *Please tick ONE appropriate box below*

| | | | | | | | |
|-------------------------------|--------------------------|-----------------------|--------------------------|-----------------------|--------------------------|--------------|--------------------------|
| Specified Injury (See Page 1) | <input type="checkbox"/> | Over 7 Day | <input type="checkbox"/> | Occupational Diseases | <input type="checkbox"/> | Minor Injury | <input type="checkbox"/> |
| Near Miss | <input type="checkbox"/> | Dangerous Occurrences | <input type="checkbox"/> | Bullying | <input type="checkbox"/> | Death | <input type="checkbox"/> |
| Over 3 Day | <input type="checkbox"/> | Verbal Assault | <input type="checkbox"/> | Physical Assault | <input type="checkbox"/> | | <input type="checkbox"/> |

SECTION 3: Details of Injured Person / Victim

6. First Name:

7. Surname:

8. Job Title:
(If applicable)

9. Gender:

Male

Female

10. Status of Injured Person:

(Please tick ONE appropriate box below)

11. Date of Birth:

(DD/MM/YYYY)

NA

Employee

Work Experience

Contractor

Trainee

Agency Staff

Member of Public

Client

Pupil

If Other, please specify:

An egg was thrown from one of the balconies of the flats adjacent to the school, overlooking the first-floor playground. Fortunately, the egg did not hit anyone.

SECTION 4: Details of Accident or Incident

| | | |
|--------------------|--|-------|
| 12. Incident Date: | | Time: |
|--------------------|--|-------|

| | | | | |
|---|---------------------------------|--------------------------------|---------------------------------|------------------------|
| 13. Did the injured person stop work due to the incident? <i>(Employees only)</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | MANDATORY FIELD |
|---|---------------------------------|--------------------------------|---------------------------------|------------------------|

| | | |
|---|-------------------|----------------|
| 14. If Yes and known the date and time they resumed work? | Date: DD/MM/YY | Time: HH:MM |
|---|-------------------|----------------|

| | |
|---|-----------|
| 15. Incident Address: <i>(If different from segment 6 above)</i> | Postcode: |
|---|-----------|

| | | |
|---|---|---|
| 16. About the kind of accident <i>Please tick the <u>ONE</u> box that best describes what happened</i> | <input type="checkbox"/> Contact with moving machinery or material being machined | <input type="checkbox"/> Struck by Object |
| | <input type="checkbox"/> Hit by a moving vehicle | <input type="checkbox"/> Struck against |
| <input type="checkbox"/> Fall from a height How high was the fall? metres | <input type="checkbox"/> Injured while handling, lifting or carrying | <input type="checkbox"/> Slipped, tripped or fell on the same level |
| <input type="checkbox"/> Trapped by something collapsing | <input type="checkbox"/> Drowned or asphyxiated | <input type="checkbox"/> Exposed to, or in contact with, a harmful substance |
| <input type="checkbox"/> Exposed to fire | <input type="checkbox"/> Exposed to an explosion | <input type="checkbox"/> Contact with electricity |
| <input type="checkbox"/> Injured by an animal | <input type="checkbox"/> Physically assaulted by a person | <input type="checkbox"/> Another kind of accident (described below on Q27's answer) |

| | | | |
|---|---------------------------------|--------------------------------|------------------------|
| 17. Was the injured person taken from the scene of an accident to hospital for treatment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | MANDATORY FIELD |
|---|---------------------------------|--------------------------------|------------------------|

| | |
|---|--|
| 18. Did the injured person <i>(tick all the boxes that apply below)</i> | |
| <input type="checkbox"/> Became unconscious? | <input type="checkbox"/> Need Resuscitation? |
| <input type="checkbox"/> Remain in hospital for more than 24 hours? | <input type="checkbox"/> None of the above. |

| |
|--|
| 19. Names, addresses and status of any witnesses <i>(Please attach witness statements on a separate sheet)</i> |
|--|

20. What happened:

(Please include details of any equipment or substances involved, the task being undertaken and any other contributory factors. Continue on separate sheet if necessary)

SECTION 5: Details of Injury

| | | | |
|---|----------------------|--|--------------------------------|
| 21. What was the injury / illness?: (e.g. Fracture, Laceration etc.) | Click here to Select | Click here to Select | Click here to Select |
| 22. What part of the body was injured? (If a Limb, please state Left or Right e.g. Leg Left <input type="checkbox"/> Right <input checked="" type="checkbox"/>) | Click here to Select | Left <input type="checkbox"/> Right <input type="checkbox"/> | Right <input type="checkbox"/> |
| | Click here to Select | Left <input type="checkbox"/> Right <input type="checkbox"/> | Right <input type="checkbox"/> |
| | Click here to Select | Left <input type="checkbox"/> Right <input type="checkbox"/> | Right <input type="checkbox"/> |
| | Click here to Select | Left <input type="checkbox"/> Right <input type="checkbox"/> | Right <input type="checkbox"/> |
| | Click here to Select | Left <input type="checkbox"/> Right <input type="checkbox"/> | Right <input type="checkbox"/> |
| | Click here to Select | Left <input type="checkbox"/> Right <input type="checkbox"/> | Right <input type="checkbox"/> |
| 23. Was the injured person given first aid? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Name of first aider(s): | | | |

SECTION 6: Supervision**Applicable****(To be completed by schools, youth clubs, play centres or day care centres ONLY)** Yes No**25. Did the accident take place during a supervised activity?**Yes
No
26. What was the nature of the activity or subject being taught:

| |
|--|
| 27. Please give the name(s) and status of person(s) supervising: |
|--|

SECTION 7: Incidence of Verbal or Physical Assault, including Bullying**Applicable** Yes No**28. Nature of incident: (Please tick appropriate box)**

| | | | | | |
|--------------------|--------------------------|--------------------|--------------------------|----------|--------------------------|
| Verbal Abuse | <input type="checkbox"/> | Physical Assault | <input type="checkbox"/> | Bullying | <input type="checkbox"/> |
| Victim Intervening | <input type="checkbox"/> | Damage to property | <input type="checkbox"/> | Other | |

29. Status of assailant(s): (Please tick appropriate box)

| | | | | | |
|---------------------------|--------------------------|------------------|--------------------------|-------|--------------------------|
| Employee | <input type="checkbox"/> | Member of Public | <input type="checkbox"/> | Agent | <input type="checkbox"/> |
| Agency Staff / Contractor | <input type="checkbox"/> | Client | <input type="checkbox"/> | Other | |

30. Name: (if known)**31. Address:** (if known)**32. Description of assailants:** (continue on a separate sheet if necessary)

The only description from the child who stated that it was a "Chinese man".

33. Were the police summoned?Yes
No
34. Time of attendance:*(24-hour)***35. CAD No:**

**SECTION 8: Investigation checklist and action taken by
Manager to prevent recurrence**

*(This section **MUST** be completed by the appropriate Manager / Supervisor/ these forms will be returned if this is not completed)*

Please select as appropriate

| | |
|---|---|
| 43. Were you informed at the time of the incident? ►► (If No please give date and time) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Date: _____ Time: _____ (<i>Please use the 24-hour clock e.g. 13:00</i>) | |
| 44. Can you confirm the incident took place as alleged? ►► (If No please indicate why) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 45. Did any defects in premises, plant or equipment contribute to the incident? ►► (If Yes please give details) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 46. Did the incident involve exposure to any irritant, harmful or toxic substance? ►► (if Yes please give details) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 47. Did the incident involve any lifting, handling or carrying? ►► (If Yes give details including type of load, weight, size, distance carried etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 48. Did the incident involve a fall from height? (If Yes give details including height fell, presence of guard rails / safety surfaces etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| How high was the fall? 0.7 metres | |
| 49. Did the incident involve a slip, trip or fall on the same level? ►► (If Yes give details of the condition of the surface, presence of tripping hazards, loose carpet tiles etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

| | | | | | |
|---|--|---|------------------------------|-----------------------------|------------------------------|
| <p>50. Did the incident involve striking into or being struck by an object?</p> <p>►► (If Yes give details of object, whether the incident involved striking into or being struck etc.)</p> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <p>51. Has any protective equipment been specified for the task?</p> <p>►► (If Yes give details, what type of equipment, was it being used correctly at the time of the incident etc.)?</p> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <p>52. Has any training or instruction been given regarding the task or activity?</p> <p>►► (If Yes give details)</p> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <p>53. Did any other factors or persons contribute to the incident?</p> <p>►► (If Yes give details)</p> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <p>54. Did the incident involve an assault?</p> <p>►► (If Yes, give details of security in place at the time, panic alarms, means to summon help etc.)</p> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <p>55. Had a risk assessment been undertaken for the task / activity?</p> <p>Review risk assessment control measures decide if any further control measures are required and enter details in section 57</p> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <p>56. If Yes, were the control measures in place at the time?</p> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <p>57. Details of further measures / action you have or intend to take to prevent recurrence:</p> | | | | | |
| <p>Name of Manager:</p> <p>Signature:</p> | | <p>Designation:</p> <p>Date: (DD/MM/YYYY)</p> | | | |

For the employee only:

By signing & dating this form, I give my consent for my employer to disclose my personal information and details of the accident which appear on this form to the appropriate trade union appointed safety representative (and/or employee representative) to allow them to carry out their health & safety functions given to them by law.

Signature:

Date: (DD/MM/YYYY)

For Juniper office use only:

| | | | | | | | | |
|---|---------------------------------|--------------------------------|------------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|--------------------------------|
| F2508 No: | | | Date Received: | | | Incident Ref No: | | |
| F2508 Date: | | | Date Entered: | | | External Ref No: | | |
| Investigated – by site visit: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Investigated – by telephone: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does the F2508 need completing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Safety Advisors Initials and additional comments: | Initials: Comments: | | | | | | | |
| Head of Health and Safety Sign off | | | | | | | | |