

NATIONAL INCIDENT REPORT FORM (NIRF)

NIRF - 01 PERSON

NIMS record Number:

Incident: An event or circumstance which could have, or did lead to unintended and / or unnecessary harm. Please complete this form to the best of your knowledge at the time of reporting the incident.

SECTION A: GENERAL INCIDENT DETAILS

Name of School

Roll Number

Date of incident

D	D	M	M	Y	Y	Y	Y
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Time of incident

H	H	M	M
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Use 24 hour clock

Location *e.g. Class room 41, Art room, GAA pitch, Gym,*

Home Economics, Workshop, Canteen, Yard, etc. Offsite?

SECTION B: PERSON AFFECTED DETAILS

First name

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Female

Male

Who was involved...? (Tick one only ✓)

Student – Proceed to section E

Teacher – Go to section C

Non-Teaching staff – Go to section C

Volunteer/ Work Experience – Go to section C

External Contractor – Go to section D

Member of Public/Visitors -Proceed to section E

SECTION C: WORK DUTY BEING CARRIED OUT WHEN INCIDENT OCCURED

Category of person *e.g. Teacher, SNA, caretaker, caterer, cleaner*

Employee no.

Activity... (Tick one only ✓)

Educational Duty

Transport Duty (*driving*)

Office Based Duty

Domestic (*cleaning*)

Recreational/Sporting

Trades/Maintenance (*caretaker*)

Surveillance/Monitoring Duty

Other, Please Specify:

SECTION D: EXTERNAL CONTRACTOR DETAILS ONLY

Company name

Company no.

SECTION E: DESCRIPTION OF THE INCIDENT?

Sequence of events leading up to the incident e.g. How the incident occurred, was this activity supervised, any equipment involved (band saw, scissors etc.)

SECTION F: WHAT WAS THE OUTCOME AT THE TIME OF THE INCIDENT?

	✓ Outcome	Body Part Affected
Near Miss	<input type="checkbox"/> Near miss / No injury e.g. Nearly slipped and fell	<i>E.g. Head, arm, leg, foot, etc.</i>
No Harm	<input type="checkbox"/> No injury e.g. Slipped and fell however no injury	
Harm	<input type="checkbox"/> Injury not requiring first aid	Type of Injury <i>E.g. Fracture, dislocation, concussion, abrasion, graze, burn , swelling, brushing, etc.</i>
	<input type="checkbox"/> Injury or illness, requiring first aid	
	<input type="checkbox"/> Injury requiring medical treatment	
	<input type="checkbox"/> Long-term disability / Incapacity (incl. Psychosocial)	
	<input type="checkbox"/> Permanent incapacity (incl. Psychosocial)	
	<input type="checkbox"/> Death	

SECTION G: IMMEDIATE DAYS LOST/ ABSENTEEISM

Has the incident resulted in absence from work/school? Yes No TBC

Total lost days:

If Yes: Date absence commenced:

Date returned to work/school:

SECTION H: IMMEDIATE ACTIONS TAKEN

Outline immediate response taken e.g. First aid was given, equipment removed/isolated, spill was cleaned up etc.

SECTION I: REPORTED BY

First name

Surname

Date notified

Local system
reference no.

Reporter Signature:

Date

SECTION J: WITNESS DETAILS (Name, contact no. etc.)

SECTION K: CONTACTING THE PARENT/GUARDIAN/NEXT OF KIN

Was it necessary to contact the parent/guardian/next of kin?

Yes No

Date of contact made:

Time of contact made:

Use 24 hour clock

Name of staff member who contacted relevant person

Name of relevant person whom staff member
contacted

Has the incident been reported to the Health and Safety Authority?

Yes

No

Not applicable

Has the incident been reported to Tusla?

Yes

No

Not applicable

Has the incident has been reported to An Garda Síochána?

Yes

No

Not applicable

SECTION L: ADDITIONAL NOTES

Please tick if supplementary documentation is attached e.g. photographs, sketch etc.