**Form to be marked as OFFICIAL-SENSITIVE: Personal where the incident relates to an injury or occupational disease.**

## ONR RIDDOR Reporting Form

For use only when the ONR RIDDOR portal is unavailable. Please complete the detail below for **injuries, fatalities, occupational diseases** and **dangerous occurrences** and email the form to [onr.incidents@onr.gov.uk](mailto:onr.incidents@onr.gov.uk)

Refer to ‘Process for notifying incidents to ONR’ (ONR-OL-PROC-002) and ‘Notification guidance for RIDDOR’ (ONR-OL-GD-006) for supporting information.

**Details of the reporting organisation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation |  | Companies House no. |  |
| Full postal address  of organisation  (including postcode) |  | | |
| Email address |  | | |
| Name of reporting person |  | Telephone number |  |
| Job title |  | | |
| Email address |  | | |

**Details of the incident:**

|  |  |  |  |
| --- | --- | --- | --- |
| Incident type  (please mark in  appropriate box) | Fatality  Specified injury  Over 7 day injury  Dangerous Occurrence  Disease | | |
| Has incident previously been communicated to ONR? | Yes  No | If yes, indicate date (dd/mm/yy) and the means used i.e. email |  |

**Where reporting an injury/fatality, complete the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident date  (dd/mm/yy) |  | Incident time (hh:mm) | |  | |
| Incident location  (to include site/address and postcode, and the specific location on the site) |  | | | | |
| Provide a brief description of the incident that explains  what occurred i.e. fall from height, the work process /sector involved, and main incident factors.  This should reflect the expectations of RIDDOR set out in Schedule 1, Parts 1&2. |  | | | | |
| Full name of injured person |  | | | | |
| Was the person at work?  If YES, did they have either:  Indicate the injury type i.e. amputation of finger  Include details of any specified injury as per RIDDOR  Reg 4 and 5. | Yes  No  A Specified injury  An over 7 day injury | | | | |
|  | | | | |
| Address of injured person |  | | | | |
| Occupation of injured person |  | | Telephone number | |  |
| Did they die as a result of their injury/injuries? | Yes  No | | | | |
| Status of Injured person | Employee  Passenger  Visitor  Member of public  Customer  Other | | | | |

**Where reporting an Occupation Disease, complete the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of injured person |  | | |
| Occupation |  | | |
| Diagnosed disease |  | Date of diagnosis (dd/mm/yy) |  |
| Please provide any additional details about where the affected person usually works |  | | |

**Where reporting a Dangerous Occurrence, complete the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| Incident date  (dd/mm/yy) |  | Incident time (hh:mm) |  |
| Brief description of the dangerous occurrence. Explain the circumstances  and what happened. |  | | |
| Location details (to include site/address and postcode, and specific location on the site where dangerous occurrence happened.) |  | | |

End of RIDDOR reporting form