**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

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 fingerInclude 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