

# Mann Construction Ltd.

## Accident Action Sheet

<u>Injury</u>	<u>Action</u>	<u>Response</u>
<p>➔ <b>Fatality</b></p>	<p><b>Immediate</b> - Isolate area            Contact Safety Advisor 07968 515151            Contact Brian Mulry 07973601100            Call Ambulance            Do not disturb I.P.            Do not disturb scene            Take names of everyone in area            Take photographs</p>	<p><b>Immediate within 30 mins.</b>            Contact Brian Mulry 07973601100            Contact A. Day 07968 515151            Contact Carl Wright 07970030030            Inform Principal Contractor            Await return contact.            Full investigation by Safety Advisor            Safety Advisor to notify HSE</p>
<p>➔ <b>Major accident involving</b>            Falls            Plant            Electrical            Lifting / Carrying</p> <p><b>Resulting in any below</b></p> <p>Broken bone            Fracture            Head injury            Eye injury / sight loss            Stitches            Back Injury            Burns / Scalds            Dislocation            Amputation*</p> <p><b>or Hospitalisation for 24 hrs</b></p>	<p>Immediate - Isolate area            Call Ambulance            Contact Safety Advisors            Do not disturb scene            Do not disturb I.P.            Take witness names            Take photographs</p> <p>First Aid attention            Call Ambulance            Attend Hospital            Take names of potential witness            Note work being carried out            Contact Safety Advisor            Collect amputated item* and give to ambulance representative.</p>	<p><b><u>Carry out on site:</u></b>            As soon as practicable within <b>2 hrs.</b>            Contact Brian Mulry 07973601100            Contact Antony Day 07968 515151            Contact Carl Wright 07970030030</p> <p>Await return contact.            Await response from Safety Advisor            Complete accident book entry            Inform Principal Contractor</p> <p><b><u>Carried by Safety advisor:</u></b>            Complete notification form            Full investigation by Safety Advisor            Safety Advisor to notify HSE</p>
<p>➔ <b>Minor</b></p> <p>Cut - without stitches            Bruising            Sprain            Aches /Pains</p> <p><b><u>note:</u></b> no lost time from work</p>	<p>First Aid attention            Note work being carried out            Take witness names</p>	<p><b><u>Carry out on site:</u></b>            Complete accident book entry</p>
<p>➔ <b>Absence for 2 Days or more due to accident at work</b></p>	<p>First Aid attention            Note work being carried out            Take witness names</p>	<p><b><u>Carry out on site:</u></b>            Notify Safety Advisor <b>2nd day</b>            Accident book entry            Contact A. Day 07968 515151            Await response from Safety Advisor</p>
<p>➔ <b>Absence for more than 3 days</b></p>	<p>(action taken previously for 2 day accident)</p>	<p><b><u>Carry out on site:</u></b>            Inform Principal Contractor            Full investigation by Safety Advisor            Safety Advisor to notify HSE</p>