Reporting of Accidents and Near Misses

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1 Legal Basis

This code is based on the document SAPOCO/42, Rev. February 2003, which defines the safety policy at CERN. It is issued in application of the CERN Staff Rules and Regulations.

2 Scope of Application

Any accidental event which has or might have caused personal injury and/or damage to property or the environment shall be reported when it concerns:

a) Members of the personnel (i.e. staff members, fellows, paid/unpaid associates, students, users, project associates and apprentices), visitors, temporary staff or contractors if it has occurred on or between different parts of the CERN site.

b) Members of the personnel if it has occurred between home and CERN or during duty travel.

3 Definitions

The following definitions apply to this code:

a) Accident—event occurring on the CERN site, or offsite in the course of official activities for CERN, and resulting in bodily injuries, having consequences on the environment, or causing significant damage to property belonging to CERN or third parties. This includes road accidents on the CERN site.

b) Near miss—event presenting a significant risk exposure to the occurrence of an accident, even in the absence of injuries and damages.

4 Objectives

The objective of this code is to ensure that all the CERN units concerned with treating accidents are informed and preventive measures are established to avoid a reoccurrence.
5 Procedure

In the event of an accident or a near miss, the person directly concerned and any direct or indirect witness must:

Immediately inform the CERN Fire Brigade
or
ensure that the CERN Fire Brigade is informed.

This initial information must be supplemented by a written Internal Accident Report (see Appendix 1). The report must be drawn up by the person concerned or by a witness in case of disability. The Group Leader of the person directly concerned must complete, sign and send this Internal Accident Report to the Leader of the Safety Commission within two working days after the event. In all cases a copy of the completed form must also be sent to the leaders of the departments involved.

6 Information Process

The CERN Fire Brigade immediately informs the Leader of the Safety Commission, as well as the leaders of other technical units if necessary. The Fire Brigade, if required, also contacts external emergency units.

Based on the seriousness of the accident, the Leader of the Safety Commission informs the leaders of the CERN units concerned and, if deemed necessary, the CERN management.

The criteria for the information process are dealt with in the CERN Safety Instruction IS51.

7 Entry into Force

This Code replaces the previous versions of Code A2 and enters into force on its publication.

REMINDER: IN CASE OF FIRE, ACCIDENT OR POLLUTION

Immediately inform the CERN Fire Brigade
USE A RED TELEPHONE
OR
DIAL 74444 FROM A CERN PHONE(*)

or
dial +41 22 767 4444 from other phones

(*) CERN mobile phones must be connected on the CERN GSM operator network.
Appendix 1

Internal Accident Report

<table>
<thead>
<tr>
<th>To: Leader of the Safety Commission</th>
<th>Copy to: Leader of the _____ Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leader of the _____ Department</td>
</tr>
<tr>
<td>From: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Subject: __________________________</td>
<td></td>
</tr>
<tr>
<td>(tick the appropriate box)</td>
<td></td>
</tr>
<tr>
<td>Date ________ Time _______________ Place ____________________</td>
<td></td>
</tr>
<tr>
<td>Department(s) concerned __________</td>
<td></td>
</tr>
<tr>
<td>Contractor, Institute concerned, where applicable ____________</td>
<td></td>
</tr>
<tr>
<td>Person(s) concerned ______________</td>
<td></td>
</tr>
<tr>
<td>Witness(es) ______________________</td>
<td></td>
</tr>
</tbody>
</table>

Information on the above accident

1. Description of the accident (summary of facts & circumstances) ____________________________________________________________________________

2. Injuries, if any (if the injured person is a member of the CERN personnel, form HS50 must also be completed) ____________________________________________________________________________

3. Material damage or pollution ____________________________________________________________________________

4. Fire Brigade called (time) ____________________________________________________________________________
   Other Services called ____________________________________________________________________________

5. Immediate preventive action taken ____________________________________________________________________________

6. Risk of reoccurrence of the accident? ☐ Yes ☐ No

7. Appendices ____________________________________________________________________________

Person concerned/witness signature __________________________________ Date ____________

Group Leader’s signature __________________________________ Date ____________

EDMS: 342427