


## HEALTH AND SAFETY AWARENESS

The following accident forms should be completed using four of the six simulated accidents listed in activity 6, using realistic circumstances, names and treatments.

**NOTE: THE FORMS MUST BE PRINTED OUT FIRST**



**Wirral Metropolitan College**

# ACCIDENT/INCIDENT REPORT

This form should be completed **WITHOUT DELAY** by the line manager in the case of staff, or Lecturer in charge, in the case of students. If the normal reporting staff member is not available, another member of staff should complete the form for them. When completed the form should be taken, or in the case of incidents on other sites, faxed immediately, to the safety unit at Borough Road (Fax No 7401).  
Any further communication from or to the injured party or their agent should be directed through the college Safety Manager.

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**INJURED PERSON**

Gender   M    F    Age .....

Name and address

	Tick
Trainee	<input type="checkbox"/>
Contractor	<input type="checkbox"/>
Visitor	<input type="checkbox"/>
Crèche Child	<input type="checkbox"/>
Member of Public	<input type="checkbox"/>
Employee (Job Title)	<input type="checkbox"/>
Student (Course)	<input type="checkbox"/>

Programme Area .....

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**Accident Details:**   Date of Accident .....   Time .....

Site .....   Specific Place .....

Nature of Injury .....   Body Part Injured .....   L    R

First Aiders (if any) .....

Name of Hospital (if any) .....

**What was the injured person doing at the time of the accident?**

.....

How and why did the accident happen?

How? .....

Why? .....

Details of any action to prevent recurrence: .....

.....

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**EMPLOYEES AND TRAINEES ONLY**

Did the accident result in the injured person taking time off work?   Y    N

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Name of person making report .....   Date .....

**HEALTH AND SAFETY AWARENESS**

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**INJURED PERSON**

Gender M  F  Age .....

Name and address
------------------

	Tick
Trainee	<input type="checkbox"/>
Contractor	<input type="checkbox"/>
Visitor	<input type="checkbox"/>
Crèche Child	<input type="checkbox"/>
Member of Public	<input type="checkbox"/>
Employee (Job Title)	<input type="checkbox"/>
Student (Course)	<input type="checkbox"/>

Programme Area .....

**Accident Details:** Date of Accident ..... Time .....

Site ..... Specific Place .....

Nature of Injury ..... Body Part Injured ..... L  R

First Aiders (if any) .....

Name of Hospital (if any) .....

**What was the injured person doing at the time of the accident?**

.....

How and why did the accident happen?

How? .....

Why? .....

Details of any action to prevent recurrence: .....

.....

**EMPLOYEES AND TRAINEES ONLY**

Did the accident result in the injured person taking time off work? Y  N

Name of person making report ..... Date .....

**HEALTH AND SAFETY AWARENESS**

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Any further communication from or to the injured party or their agent should be directed through the college Safety Manager.

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**INJURED PERSON**

Gender    M     F     Age .....

Name and address
------------------

	Tick
<b>Trainee</b>	<input type="checkbox"/>
<b>Contractor</b>	<input type="checkbox"/>
<b>Visitor</b>	<input type="checkbox"/>
<b>Crèche Child</b>	<input type="checkbox"/>
<b>Member of Public</b>	<input type="checkbox"/>
<b>Employee (Job Title)</b>	<input type="checkbox"/>
<b>Student (Course)</b>	<input type="checkbox"/>

Programme Area .....

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**Accident Details:**    Date of Accident .....    Time .....

Site .....    Specific Place .....

Nature of Injury .....    Body Part Injured .....    L     R

First Aiders (if any) .....

Name of Hospital (if any) .....

**What was the injured person doing at the time of the accident?**

.....

How and why did the accident happen?

How? .....

Why? .....

Details of any action to prevent recurrence: .....

.....

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**EMPLOYEES AND TRAINEES ONLY**

Did the accident result in the injured person taking time off work?    Y     N

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Name of person making report .....    Date .....

HEALTH AND SAFETY AWARENESS



Wirral Metropolitan College

ACCIDENT/INCIDENT REPORT

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Any further communication from or to the injured party or their agent should be directed through the college Safety Manager.

INJURED PERSON

Gender M [ ] F [ ] Age .....

Name and address

Table with categories: Trainee, Contractor, Visitor, Crèche Child, Member of Public, Employee (Job Title), Student (Course) and a Tick column.

Programme Area .....

Accident Details: Date of Accident ..... Time .....

Site ..... Specific Place .....

Nature of Injury ..... Body Part Injured ..... L [ ] R [ ]

First Aiders (if any) .....

Name of Hospital (if any) .....

What was the injured person doing at the time of the accident?

How and why did the accident happen?

How? .....

Why? .....

Details of any action to prevent recurrence: .....

EMPLOYEES AND TRAINEES ONLY

Did the accident result in the injured person taking time off work? Y [ ] N [ ]

Name of person making report ..... Date .....



0.5 hrs

***Activity 7 (Hazards in the Workplace)***

The Health and Safety at Work Act requires you to work in a safe working environment, but there are many occasions when unsafe working practices are responsible for personal injuries and emergency situations.

Look around your workplace and find five situations that could lead to a potential accident and state your preventative recommendation. These do not have to be major instances, only potentially dangerous.

	<b>POTENTIAL HAZARD</b>	<b>PREVENTATIVE MEASURE</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		

## HEALTH AND SAFETY AWARENESS

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1.5 hrs

### *Activity 8 (Health, Safety and Welfare Policy)*

Where more than five persons are employed, a written statement of Health and Safety Policy must be brought to the notice of **all** employees and staff.

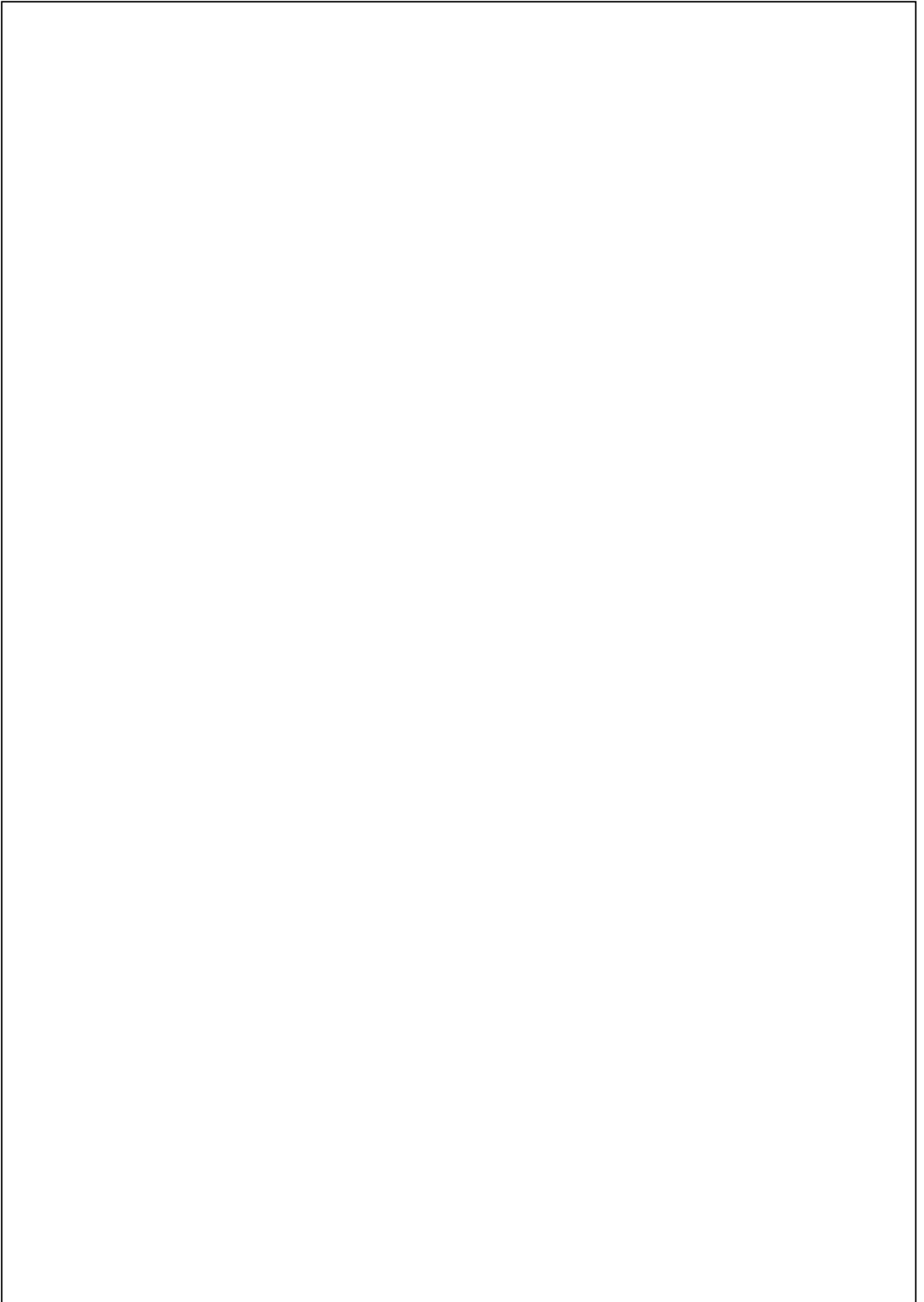
In this activity, you are required to write a Safety Policy for the Painting and Decorating Workshop (G38). This will be your view of what you think should be included in the workshop's Safety Policy.

This Policy must include arrangements for fire drills and specific instructions on the safe use of scaffolding/access equipment, ladders, protective clothing/equipment, machinery, materials and welfare facilities, wherever the conditions of work justify these.

The Policy should include details under the following headings;

- Safe working environment
- First aid facilities
- Welfare facilities
- Staff training
- Safe stock and chemical storage
- Machinery

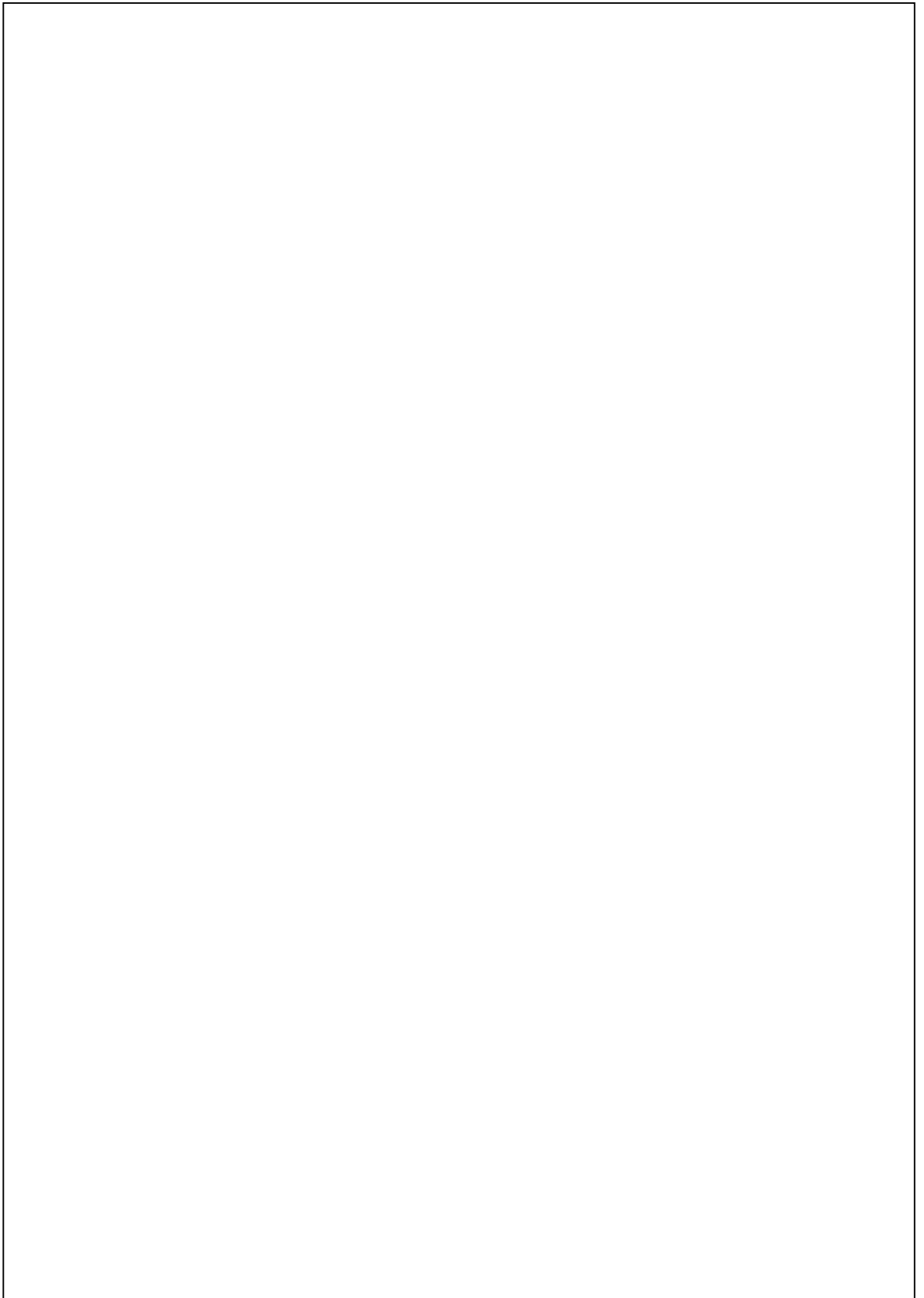
*Please note*, the following two blank pages are supplied for your written Safety Policy.



## HEALTH AND SAFETY AWARENESS

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**HEALTH AND SAFETY AWARENESS**



0.5 hrs

**Activity 9 (Health and Safety Puzzles)**

Find the 20 words hidden in the box below. They are situated vertically, horizontally and diagonally. Draw a line through each word you find. **Good luck!**

1. Hazard
2. COSHH
3. Risk
4. Flash Point
5. Fire
6. Extinguish
7. Boots
8. Substance
9. Helmet
10. Dermatitis
11. Dust Mask
12. Respirator
13. Flame
14. Danger
15. Tools
16. Fall
17. First Aid
18. Safe
19. HSWA
20. Site

P	R	T	D	D	H	Y	S	P	F	F	G
A	E	N	E	F	U	E	R	I	L	A	B
K	S	F	R	I	K	S	L	V	A	L	O
S	P	L	M	R	J	X	T	M	M	L	O
U	I	A	A	E	C	C	I	M	E	N	T
B	R	S	T	T	O	O	L	S	A	T	S
S	A	H	I	I	W	S	A	F	E	S	Q
T	T	P	T	T	U	H	S	W	A	X	K
A	O	O	I	K	E	H	A	Z	A	R	D
N	R	I	S	F	I	R	S	T	A	I	D
C	I	N	D	A	N	G	E	R	G	S	Z
E	X	T	I	N	G	U	I	S	H	K	C

See if you can decode the anagram below.

**ZAUDORASH BANUSTCESS**



## SUMMATIVE ASSESSMENT

This part of the pack allows you to demonstrate what you have learnt whilst progressing through this assignment.

Once again, GOOD LUCK!

1. State the colours of the following safety signs;

▪ Prohibition

▪ Mandatory

2. Where is Painting and Decoratings First Aid box kept?

3. Can you name one first-aider in the Colleges' Construction section?

4. How would you treat a person who is suffering from severe bleeding?

5. Which extinguisher would be used to put out the following fires;

▪ A fire fuelled by wood

▪ A fire fuelled by highly flammable liquids

6. What safety clothing should be worn for the following activities;

▪ Working on scaffold

▪ Dusty working environment



**SUMMATIVE ASSESSMENT CON'T...**

7. In relation to legislation, what do the following initials stand for?

▪ C.O.S.H.H.

▪ H.S.W.A.

8. For Painters what is the dominating cause of the skin disease,

Dermatitis?

9. What three factors does a fire require to burn?

1.

2.

3.

10. What is meant by the term “flash point”?

How did you score? You should now ask your tutor to check your work and discuss the results in the “Tutorial Review”, after which please take the time to complete the evaluation questionnaire.

**HEALTH AND SAFETY AWARENESS**

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**TUTORIAL REVIEW**

Student  Date

Course/Programme

Tutor

**Did the student successfully complete the Health and Safety pack?**

**What action is to be taken/targets are to be set?**

**Students comments**

Signed: Student \_\_\_\_\_ Tutor \_\_\_\_\_

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## HEALTH AND SAFETY AWARENESS

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### EVALUATION QUESTIONNAIRE FOR HEALTH AND SAFETY OPEN LEARNING PACK

*Please take the time to complete this questionnaire. Tick the appropriate boxes and add any relevant comments you may have on the contents of this assignment.*

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The assignment is well organised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The subject is challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The assignment makes clear what is expected of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The pace and level of work is stimulating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The reference materials available are adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am making good progress in this subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The level of support/guidance is sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The subject is linked well and appropriate to the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Students comments:**

*Thank you for completing this questionnaire, your comments will be considered for future amendments.*

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