Health and Safety at Work (Northern Ireland) Order 1978
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997

Report of a case of disease

Filling in this form
This form must be filled in by an employer or other responsible person.

Part A

About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

About your organisation

4 What is the name of your organisation?

5 What is its address and postcode?

6 Does the affected person usually work at this address?

Yes ☐ Go to question 7

No ☐ Where do they normally work?

7 What type of work does the organisation do?

Part B

About the affected person

1 What is their full name?

2 What is their date of birth?

3 What is their job title?

4 Are they

☐ male?

☐ female?

5 Is the affected person (tick one box)

☐ one of your employees?

☐ on a training scheme? Give details:

☐ on work experience?

☐ employed by someone else? Give details:

☐ other? Give Details:

Part C

The disease you are reporting

1 Please give:

- the name of the disease, and the type of work it is associated with; or

- the name and number of the disease (from Schedule 3 of the Regulations – see the accompanying notes).

2 What is the date of the statement of the doctor who first diagnosed or confirmed the disease?

3 What is the name and address of the doctor?

Part D

Describing the work that led to the disease

Please describe any work done by the affected person which might have led to them getting the disease.

If the disease is thought to have been caused by the exposure to an agent at work (eg a specific chemical) please say what that agent is.

Give any other information which is relevant.

Give your description here

Continue your description here

Part E

Your Signature

Signature

Date

Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the Health and Safety Executive for Northern Ireland, 83 Ladas Drive, Belfast BT6 9FR.

For official use

Client number Local number

Event number

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