

INCIDENT ENQUIRY FORM

INCIDENTS (accidents and near-misses) IN THE THEATRE INDUSTRY

The purpose of this form is to help understand the type and number of accidents and near-misses in the theatre industry. The purpose is absolutely not to attribute blame but to learn from what has happened in the past in order to try and avoid repeats in the future. We need to establish the causes of near-misses as well as accidents so that they are not repeated and so as to avoid inappropriate enforcement action by officers who may not understand our industry's working methods. We may be able to provide advice or information to help prevent a repetition.

THIS FORM IS NOT A SUBSTITUTE IN ANY WAY FOR ANY STATUTORY OR CONTRACTUAL OBLIGATIONS NOR FOR ANY IN-HOUSE REPORTS.

Please complete this form if you have seen and can comment upon or have been involved in an accident or a near-miss unless you are certain that someone else has already done so.

Please tick ALL relevant boxes in each section.

Leave blanks if you do not know what happened (or where it is not relevant to the incident.)

However, the value of the information depends upon the amount of detail included – for example, *tripped over shoe lace, laces not tied during a quick change, light failed* is better than *tripped over shoe lace, laces not tied during a quick change* which is much more helpful than *tripped over shoe lace* and even more helpful than just *tripped*.

The information requested is to be anonymous and all information will be treated in strictest confidence. The forms will be collated by the ABTT and passed without attribution to the Theatre Safety Committee for discussion and possible recommendations. Anonymised data may be released in the interests of safety in the theatre industry. Any queries about this form and its purpose should be directed to the Chairman of the ABTT Safety Committee or to the Secretary of the Theatre Safety Committee.

Was this an accident **or a near-miss** **Approx. time of incident**
(24 hour clock)

When did the incident occur?

During normal working hours	<input type="checkbox"/>	During overnight work	<input type="checkbox"/>
During overtime	<input type="checkbox"/>	During meal break	<input type="checkbox"/>
During get-in	<input type="checkbox"/>	During training session	<input type="checkbox"/>
During get-out	<input type="checkbox"/>	Off-site	<input type="checkbox"/>
During repertoire changeover	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>

What kind of venue is it?

London-based producing theatre	<input type="checkbox"/>	Not a theatre/found space	<input type="checkbox"/>
West End theatre	<input type="checkbox"/>	Rehearsal venue	<input type="checkbox"/>
Regional producing theatre	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>
Receiving house	<input type="checkbox"/>	Amateur theatre	<input type="checkbox"/>
Multi-use premises	<input type="checkbox"/>		

Who were the people involved?

Technicians – were they:		Musicians	<input type="checkbox"/>
appropriately qualified/trained	<input type="checkbox"/>	Dancers/acrobats	<input type="checkbox"/>
full-time staff	<input type="checkbox"/>	Other performers	<input type="checkbox"/>
part-time staff	<input type="checkbox"/>	Artistic team (directors, designers, etc)	<input type="checkbox"/>
regular casuals	<input type="checkbox"/>	Other staff	<input type="checkbox"/>
casuals	<input type="checkbox"/>	Amateurs	<input type="checkbox"/>
Stage management	<input type="checkbox"/>	Persons under 18	<input type="checkbox"/>
Contractors, inc self-employed	<input type="checkbox"/>	The public	<input type="checkbox"/>
Management	<input type="checkbox"/>		

The Theatre Safety Committee is a cross-industry body that monitors developments and disseminates information relating to health and safety in the theatre industry. Its members are Association of British Theatre Technicians (ABTT), Broadcasting Entertainment Cinematograph and Theatre Union (BECTU), Equity, Independent Theatre Council (ITC), Institute of Entertainment and Arts Professionals (IEAP), Musicians' Union (MU), National Operatic and Dramatic Association (NODA), Society of London Theatre (SOLT), Stage Management Association (SMA) and Theatrical Management Association (TMA). The Committee can be contacted c/o The Legal Officer, SOLT/TMA, 32 Rose Street, London WC2E 9ET.

Where did the incident occur?

- Stage floor
- Gallery (fly or loading)
- Lighting bridge
- Grid
- Orchestra pit
- Forestage
- Moving floor

- Auditorium
- Workshop
- Paint frame
- On access equipment
- Wardrobe
- Other (please describe)

What type of incident?

- | | | | |
|---|--------------------------|------------------------------------|--------------------------|
| Fall from height | <input type="checkbox"/> | Dropping items on body | <input type="checkbox"/> |
| Fall through trap/hole | <input type="checkbox"/> | Exposure/contact harmful substance | <input type="checkbox"/> |
| Slip, trip or fall on the level | <input type="checkbox"/> | Exposed to fire | <input type="checkbox"/> |
| Slip, trip or fall on moving floor | <input type="checkbox"/> | Exposed to explosion/pyrotechnics | <input type="checkbox"/> |
| Collapse of floor | <input type="checkbox"/> | Burnt | <input type="checkbox"/> |
| Collapse of scenery | <input type="checkbox"/> | Fumes/asphyxiation | <input type="checkbox"/> |
| Struck by moving or falling object | <input type="checkbox"/> | Trapped by collapse | <input type="checkbox"/> |
| Colliding with object | <input type="checkbox"/> | Injured during stage fight | <input type="checkbox"/> |
| Contact with moving machinery | <input type="checkbox"/> | Injured by animal | <input type="checkbox"/> |
| Contact with moving vehicle | <input type="checkbox"/> | Failure of PPE | <input type="checkbox"/> |
| Contact with electricity | <input type="checkbox"/> | Physical assault | <input type="checkbox"/> |
| Lifting excessive weights | <input type="checkbox"/> | Horseplay | <input type="checkbox"/> |
| Handling items badly
(twists or strains) | <input type="checkbox"/> | Other (please describe) | <input type="text"/> |

If there was accident did it result in?

- | | | | |
|-------------------------------|--------------------------|-----------------------|--------------------------|
| Hospitalisation | <input type="checkbox"/> | Crushing | <input type="checkbox"/> |
| First aid attendance | <input type="checkbox"/> | Bruising | <input type="checkbox"/> |
| Off-work for more than 3 days | <input type="checkbox"/> | Cuts | <input type="checkbox"/> |
| Eye injury | <input type="checkbox"/> | Strains/sprains | <input type="checkbox"/> |
| Dislocation | <input type="checkbox"/> | Other (please insert) | |
| Fracture | <input type="checkbox"/> | Which part of body | |
| Concussion | <input type="checkbox"/> | most injured | |
| Amputation | <input type="checkbox"/> | (please insert) | |
| Burns | <input type="checkbox"/> | | |

Have you seen or have been involved in this type of incident before?

Yes No How often? (please insert)

Please describe what happened. (Give as much detail as you think will help e.g. the name of any equipment or substance involved, what was happening at the time, what occupations were involved. Please do not attribute blame or give any names. Please do use extra pages if necessary.)

What caused the accident? Only complete this if you know or think you know the cause(s).

Thank you. Please return your completed form –
by email to: incidents@abtt.org.uk;
by fax to: 020 7242 9303;
by post to: Incidents, ABTT, 4th Floor, 55 Farringdon Road, London EC1M 3JB