

FFURFLEN COFNODI DIGWYDDIAD A IECHYD GALWEDIGAETHOL INCIDENT & OCCUPATIONAL HEALTH REPORT FORM

- Anfonwch y ffurflen hon i'r Swyddfa Iechyd, Diogelwch a'r Amgylchedd **cyn gynted ag y gallwch**.
- Llungopiwch y ffurflen ar ôl iddi gael ei llenwi, a chadw un copi yn yr Adran.

- Send the completed form to the Health, Safety and Environment Office as soon as possible.
- Photocopy the completed form for retention as a Departmental Record.

RHAN A / PART A

1. PA FATH O DDIGWYDDIAD RYDYCH YN RHOI GWYBOD AMDANO? / WHAT TYPE OF EVENT ARE YOU REPORTING?

<input type="checkbox"/> Anaf damweiniol Accidental Injury	<input type="checkbox"/> Salwch cysylltiedig â swyda Occupational Ill Health	<input type="checkbox"/> Tân Fire	<input type="checkbox"/> Digwyddiad Nwy Gas Incident	<input type="checkbox"/> Digwyddiad Trydan Electrical Incident
<input type="checkbox"/> Digwyddiad Amgylcheddol Environmental Incident	<input type="checkbox"/> Digwyddiad Peryglus Dangerous Occurrence	<input type="checkbox"/> Digwyddiaa Arall / Allsai fod yn ddifrifol (rhowch fanylion) Other Incident / Near miss (specify).....		

2. PRYD A BLE Y DIGWYDDODD? / WHEN AND WHERE DID IT HAPPEN?

Dyddiad y Digwyddiad / Dechrau'r Salwch:
Date of Incident / Onset of Ill Health: Amser:

Enw'r Adran / Uned sy'n Cofnodi'r Digwyddiad:
Name of Reporting Department / Unit:

Union Lleoliad y Digwyddiad:
Exact Location of Incident:

3. MANYLION YR UNIGOLYN (os na effeithiodd y digwyddiad, ewch i Ran 6) / DETAILS OF PERSON INVOLVED (if none, go to Section 6)

Defnyddiwch ffurflen ar wahân i bob unigolyn / Use a separate form for each individual

Enw / Name: Oedran: Age: Gwryw Male Benyw Female

Cyfeiriad Cartref:
Home Address:

Côd Post / Post Code: Ffôn Cartref / Home Telephone:

A yw'r unigolyn yn: Aelod o staff PA Member of AU staff Myfyriwr Israddedig PA AU Undergraduate Myfyriwr Uwchraddedig PA AU Postgraduate Contractwr Contractor Ymwelyda Visitor

Os yw'n aelod o staff PA, pa grŵp? / If AU staff, which group?

<input type="checkbox"/> Academaidd / Academaidd-berthynol Academic / Academic-related	<input type="checkbox"/> Clerigol / Ysgrifenyddol Clerical / Secretarial	<input type="checkbox"/> Gofalwr / Porthor Caretaker / Porter	<input type="checkbox"/> Arlwygo Catering	<input type="checkbox"/> Staff Ffermio Farm Staff
<input type="checkbox"/> Cynnal a Chadw (gaih coed, trydanwr, ayyb) Maintenance (joiner, electrician, etc)	<input type="checkbox"/> Technegol / Technical	<input type="checkbox"/> Glanhau / Domestig Cleaning / Domestic	<input type="checkbox"/> Diogelwch Security	<input type="checkbox"/> Tiroedd / Gerddi Grounds / Gardens
<input type="checkbox"/> Arall (rhowch manylion) Other (specify)				

4. MANYLION UNRHYW ANAFIADAU NEU SALWCH / DETAILS OF ANY INJURIES OR ILL HEALTH

Rhan o'r corff yr effeithwyd arni / Part of body affected:

Disgrifiwch natur yr anaf neu'r salwch / Describe Nature of Injury / Ill Health:

5. A GYMERODD YR UNIGOLYN AMSER O'R GWAITH? / DID THE PERSON TAKE TIME OFF?

DO YES NADDO NO Os OES, rhowch wybod i'r HS & E Swyddfa faint o ddyddiau i fwrdd ar eu dychwelyd i'r gwaith (drwy e-bostio neu ffonio, peidiwch ag oedi cyn dychwelyd y ffurflen hon)
If YES, please inform the HS&E Office how many days off on their return to work (by e-mail or phone, do not delay returning this form)

A aeth yr unigolyn yn syth i'r ysbyty am driniaeth?
Did the person go directly to hospital for treatment? DO / YES NADDO / NO

A gadwyd yr unigolyn yn yr ysbyty am fwy na 24 awr?
Was the person detained in hospital for more than 24 hours? DO / YES NADDO / NO

A roddwyd Cymorth Cyntaf?
Was First Aid administered? DO / YES NADDO / NO

Os felly, gan bwy?
If 'YES', by whom?.....

PARHAD DROSODD / CONTINUE OVERLEAF

FOR SAFETY & ENVIRONMENTAL OFFICE USE			FOR FINANCE OFFICE USE	
N/R	RIDDOR	Further investigation:	Date entered employment:	Insurance Company notified?
	Date:		Injured Person's NHI No:	YES / NO
	Ref No:			Date:

6. BETH DIGWYDDODD? (rhowch crynodeb o'r amgylchiadau) / WHAT HAPPENED? (summarise the circumstances)

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7. PA CATEGORI SY'N DISGRIFIO'R ACHOS ORAU? / WHICH CATEGORY BEST DESCRIBES THE CAUSE?

<i>Anifeiliaid (gan gynnwys pryfed)</i> Animals (including insects)	<i>Lithro, baglu neu gwympo ar dir gwastad</i> Slip, trip or fall on level	<i>Taro yn erbyn rhywbeth (ee dodrefn, ffiliadau)</i> Struck against object (eg furniture, fittings)	<i>Cyswllt â sylwedd neu beth poeth neu oer iawn</i> Contact with hot or very cold substances or object
<i>Trydan / Electricity</i>	<i>Cwympo ar grisiau / Fall on stairs</i>	<i>Taro gan rywbeth yn symud neu gwympo</i> Struck by moving or falling object	<i>Cyswllt â pheirianwaith / offer a oedd yn symud</i> Contact with moving machinery / equipment
<i>Tân / Ffirwydrad</i> Fire / Explosion	<i>Cwympo o uchder (faint o fetrau?)</i> Fall from height (specify in metres)	<i>Cyswllt â sylwedd niweidiol</i> Exposure to / contact with harmful substance	<i>Cyswllt â phethau miniog (gwydr, nodwyddion, ayyb)</i> Handling sharps (glass, needles, etc)
<i>Trais (ymosiad corfforol)</i> Violence (physical assault)	<i>Damwain Traffig / Road traffic accident</i>	<i>Symyd rhywbeth â'r dwylo (codi/cario, ayyb)</i> Manual handling (lifting/carrying, etc)	<i>Teclynau gwaith dwylo (gan gynnwys teclyn pŵer)</i> Hand tools (including power tools)
<i>Chwaraeon / Sports</i>	<i>Arall (rhowch manylion)</i> Other (specify):		

8. TYSTION (rhowch enwau, cyfeiriadau a rhifau ffôn) / WITNESSES (give names, addresses and telephone numbers)

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9. MANYLION YR UNIGOLYN A LENWODD RAN A O'R FFURFLEN / DETAILS OF PERSON COMPLETING PART A

Enw / Name: _____ Dyddiad / Date: _____ Swydd / Position: _____	Llofnod / Signature
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RHAN B / PART B

I'w llenwi gan Swyddog Diogelwch yr Adran / To be completed by Departmental Safety Officer

A wnaethoch chi archwilio'r digwyddiad hwn? / Did you investigate this incident? DO / YES NADDO / NO

10. MESURIADAU DIOGELWCH AR WAITH EISOES / PRECAUTIONS ALREADY IN PLACE

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11. CAMAU I ATAL DIGWYDDIAD TEBYG RHAG DIGWYDD ETO / ACTION TO PREVENT RECURRENCE OF INCIDENT

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12. LLOFNOD SWYDDOG DIOGELWCH YR ADRAN / SIGNATURE OF DEPARTMENTAL SAFETY OFFICER

Enw / Name: _____ Dyddiad / Date: _____	Llofnod / Signature
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