# **Data Mapping**

You can find the CSV template here.

| **Template Column** | **Description** | **Format** |
| --- | --- | --- |
| **Date of Incident** | What date did this incident occur? | dd/mm/yyyy |
| **Company Responsible** | Which company was responsible for the work task? | Choose from:* Contracted 3rd party
* Hire company
* Manufacturer personnel
* Owner / operator
* User
* Unknown
 |
| **Country** | Which country did this incident occur? |  |
| **Incident Outcome** | What was the main outcome? | Choose from:* Fatality
* Major injury
* Minor injury
* First aid
* Near miss
* Damage to machine or property
 |
| **Incident Classification** | What type of incident occurred? | Choose from:* Falls: Fall from platform
* Falls: Fall from height (not platform)
* Falls: Slipped, tripped, fell from same level
* Contact: Collision - contact with an object or person
* Contact: Bump - person walks into object / machine
* Contact: Crushing, trapping, pinching
* Contact: Entrapment
* Contact: Hit by falling object
* Contact: Hit by vehicle or machine
* Contact: RTA vehicle accident
* Electrical: Electric shock
* Electrical: Electrocution
* Electrical: Fire / explosion
* Stability: Overturn
* Stability: Loading / unloading tipover
* Stability: Ground condition instability
* Stability: Machine sinking
* Personal: Fluid injection / exposure to harmful substances
* Personal: Manual handling
* Personal: Using hand tools
* Personal: Using power tools
* Personal: Inadequate safety equipment
* Personal: Unsafe situation (describe in comments)
* Machine: MEWP inoperable mechanical / technical
* Machine: Environmental damage
* Machine: Transport
* Machine: Theft of machine
* Machine: Theft of components
 |
| **Number Injured** | How many people were involved? | Number (0-10) |
| **Description** | Description of the incident and investigation | Free text boxPlease do not include personal, or identifiable, data such as:* Names
* Contact details
* Date of Birth / Age
* IPAF Licence Number

Note: Further examples of what is classed as personal data can be found in the [ICO website](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/#1) |
| **Machine Make** | What is the machine brand? | Free text box |
| **Machine Model** | What is the machine model? | Free text box |
| **Machine Type** | What category is the machine? If you are unsure, please visit [www.ipaf.org/categories](https://www.ipaf.org/categories) | Choose from:* No machine involved
* 1a
* 1a PAV
* 1b towable
* 1b tracked / spider
* 1b vehicle
* 2a
* 2b
* 3a
* 3b
* 3b tracked
* Mast Climbing Work Platform
* Telehandler
* Goods Hoist
* Transport Platform Hoist
* Passenger Hoist
* Unknown
 |
| **Machine Configuration** | How was the machine positioned when the incident occurred? | Choose from:* Elevated
* In transit
* Load / unload
* Maintenance
* Manually manoeuvring machine
* MCWP erection and dismantling
* Not in use
* Platform entry or exit
* Set up / stowing
* Travel in elevated position
* Travel in lower position
* Walking MEWP
* Unknown
 |
| **Location** | Where did the incident happen? | Choose from:* Construction site
* Commercial premises
* Office
* Public area
* Roads and highways
* Training centre
* Workshop
* Yard
 |
| **Industry Sector** | What is the type of industry? | Choose from:* Construction
* Electrical
* Arboriculture
* Facilities management service (maintenance / painting / cleaning)
* Telecommunications
* Manufacturing / logistics
* Rental activity
* Other (describe in comments)
 |
| **Ground Conditions** | What were the ground conditions when the incident occurred? | Leave blank or choose from:* Indoor even hard surface
* Indoor uneven surface
* Outdoor hard standing / concrete
* Outdoor even firm ground
* Outdoor uneven firm ground
* Outdoor soft ground / gravel / sand
* Outdoor sloping ground
 |
| **Industry Sector Other** | Complete if you have chosen ‘Other (describe in comments)’ | Free text box |
| **Time and Light Levels** | When in the day and what were the light levels when the incident occurred? | Leave blank or choose from:* Morning - dark
* Morning - light
* Afternoon
* Evening - light
* Night - dark
 |
| **Weather Conditions** |  | Leave blank or choose from:* Sunshine
* Cloud
* Light rain
* Heavy rain / storm
* Snow / ice
* Mist / fog
 |
| **Wind Strength** |  | Leave blank or choose from:* No wind
* Light breeze
* Strong wind
* Storm
 |
| **Person 1 Outcome** | What was the outcome for the person? | Choose from:* Fatality
* Major injury
* Minor injury
* First aid
* No injury
 |
| **Person 1 Body Part Injured** | What body part was most injured? | Choose from:* N/A
* Ankle
* Eye
* Foot
* Hand
* Head / face
* Lower limb
* Trunk
* Upper limb
* Unknown
 |
| **Person 1 Role** | Which best describes their role in the incident? | Choose from:* Company staff
* Delivery driver
* Ground person / banksman
* Hire company operator
* Inspector / instructor
* Operator or occupant
* Public
* Technician / engineer
* Other
 |
| **Person 1 Training and Experience** | What is the level of training and experience of the person involved? | Choose from:* IPAF trained / novice
* IPAF trained / experienced
* Trained / novice
* Trained / experienced
* Self taught / experienced
* No training / zero experience
* Unknown
* N/A
 |
| **Person 1 Primary Injury** | What was the worst injury sustained? | Choose from:* N/A
* Amputation
* Bruising / impact pain
* Burns
* Concussion
* Cut / laceration / puncture
* Electric shock
* Eye contamination / injury
* Fracture
* Medical condition / illness
* Sprain / strain
* Unknown
 |
| **Person 2 Outcome** | What was the outcome for the person? | As above (if applicable) |
| **Person 2 Body Part Injured** | What body part was most injured? | As above |
| **Person 2 Role** | Which best describes their role in the incident? | As above |
| **Person 2 Training and Experience** | What is the level of training and experience of the person involved? | As above |
| **Person 2 Primary Injury** | What was the worst injury sustained? | As above |
| **Person 3 Outcome** | What was the outcome for the person? | As above (if applicable) |
| **Person 3 Body Part Injured** | What body part was most injured? | As above |
| **Person 3 Role** | Which best describes their role in the incident? | As above |
| **Person 3 Training and Experience** | What is the level of training and experience of the person involved? | As above |
| **Person 3 Primary Injury** | What was the worst injury sustained? | As above |