**Incident/Occupational Illness/Dangerous Occurrence**

**Part 1: Report Form**

To be completed by staff/student/visitor/contractor as soon as possible

after the incident, even if some information is unavailable.

**PLEASE USE BLOCK CAPITALS**

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| --- | --- | --- | --- |
| Injured Person | Surname | First Names | Title |
| Home Address (include postcode) | Position & School/Dept |
| Telephone  | Length of Employment/Study  |
| Email | Line Manager/Supervisor |
| Description of Accident/Occupational Illness/Dangerous Occurrence | Date | Location of incident (campus, building & room number)Was person authorised to be there? YES / NO |
| Time |
| Describe work/activity being performed |
| How did the incident happen? |
| What injuries were received/damage occurred/health effect?  |
| Medical Treatment / Accident Severity | None First G.P. or Hospital Up to 7 More than More than Major Req'd Aid similar for Days 7 days 24 hours in Injury  Professional Treatment Absence Absence Hospital (More than one box may be ticked) **Notify Safety Office ASAP ext. 13401** |
| Name of First Aider | School/Dept. |
| Treatment given |
| Other Details | Name & address of witness(es) |
| Person making report (if other than injured person)NamePosition | DateSchool/Dept. |
|  | Copy of form sent to School/Dept Safety Officer Yes / No? Date sent: |

**Incident/Occupational Illness/Dangerous Occurrence**

**Part 2: Investigation Form**

**Must** be completed by Line Manager/Academic Supervisor (see notes on cover)

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| **CAUSITIVE AGENT** (Tick more than one option if applicable) |
| Live Animal |  | Falls from height |  | Hot/cold contact |  | Violence/Assault |  |
| Electricity |  | Struck or trapped by object |  | Defective premises |  | Defective equipment |  |
| Explosion |  | Striking against fixed or stationary object |  | Exposure to toxic substances or pathogenic material |  | Work-related vehicle/traffic accidents |  |
| Fire |  |
| Falls on level |  | Sharps (incl. Glass & needles |  | Unintentional spillages/releases of harmful substances |  | Occupational Illness |  |
| Falls on stairs |  | Handling/Lifting | Other |  |
| Describe the precautions which were in place to control the hazards (e.g. reference to risk assessments, safe procedures, training & supervision, protective equipment, condition of premises or equipment).  |
| Describe any of the above precautions/control measures which were not taken. Include problems with premises/equipment/facilities. |
| Why were these precautions not taken, i.e., why did the incident happen? |
| Describe the remedial actions proposed Who is responsible for instigating the action? |
| How long was person (or equipment/facility) unavailable for their usual work in the School/Dept. (if more than 2 hours)? |
| Copy of investigation sent to School/Dept Safety Officer Yes / No?Name: Date sent: |
| Name of person completing investigation | Date |
| Position | School/Dept. | Ext. |