

## HEALTH & SAFETY INCIDENT REPORT FORM

This form must be completed for any health and safety incident involving staff, students, tenants, contractors or visitors which occur on University owned or managed premises, or during the course of University organised activities (e.g. field trips). It should be used to report all first aid incidents; university work or premises related accidents and ill health; acts of violence (physical and verbal abuse and threats to staff, serious incidents involving students); injuries arising from road traffic accidents whilst at work and non injury incidents that had the potential to cause harm (dangerous occurrences or “near misses”).

Please complete the form providing factual and accurate information only, then forward it to the Occupational Health and Safety (OHS) Department within **24 hours** of the incident. **Serious incidents must be reported immediately by calling Campus Security.** Further information on the University’s health and safety incident reporting procedures can be discussed via the OHS Department.

The affected/injured person, their representative or a witness to the incident should complete this form. If you need more space continue on a separate sheet, which should be attached to the form.

ABOUT THE INCIDENT						
NAME OF PERSON REPORTING INCIDENT:						
DEPARTMENT:			EMAIL:		PHONE:	
INCIDENT REPORTED:		DATE:		TIME:		
TYPE OF INCIDENT:	FIRST AID	WORK RELATED ACCIDENT	WORK RELATED ILL HEALTH	WORK RELATED VIOLENCE	ROAD TRAFFIC ACCIDENT	NON INJURY INCIDENT
DATE OF INCIDENT:			TIME OF INCIDENT:			
PRECISE LOCATION:						
WHAT WAS BEING DONE AT THE TIME OF THE INCIDENT:						
WHAT HAPPENED: CONTINUE ON A SEPARATE SHEET IF NECESSARY. PLEASE RECORD DETAILS OF ANYTHING THAT MAY HAVE CONTRIBUTED TO THE INCIDENT (E.G. ICY CONDITIONS).						
NATURE OF HARM / ILL HEALTH / DAMAGE:						
IMMEDIATE ACTION TAKEN TO MAKE THE SITUATION SAFE: (E.G. REPORTED ISSUE TO OHS DEPARTMENT, ETC.)						

ABOUT THE PERSON AFFECTED			
NAME IN FULL:			
ADDRESS: HOME / STUDENT ACCOMMODATION			
CONTACT DETAILS:	TELEPHONE:	EMAIL:	
DEPARTMENT:		POSITION (EMPLOYEE):	
DATE OF BIRTH:	AGE:	GENDER:	MALE      FEMALE
STATUS:      EMPLOYEE      STUDENT      CONTRACTOR      OTHER (SPECIFY):			
IF VISITOR: UNIVERSITY CONTACT NAME (IF APPLICABLE):			
IF CONTRACTOR: EMPLOYER'S NAME:			
IF UNDER 16: NAME OF ADULT RESPONSIBLE FOR THEIR SUPERVISION:			
WITNESS DETAILS: GIVE NAME AND CONTACT DETAILS OF ANY WITNESSES BELOW:			
NAME(S):		CONTACT DETAILS:	
FIRST AID DETAILS			
FIRST AID PROVIDED:		YES      NO      N/A	TIME OF ATTENDANCE:
IF YES GIVE DETAILS:			
NAME OF PERSON GIVING FIRST AID:			
POST INCIDENT ACTION			
WHAT HAPPENED TO THE INJURED PERSON AFTERWARDS: SELECT APPROPRIATE RESPONSE BELOW:			
TAKEN DIRECTLY TO HOSPITAL	WENT HOME	RETURNED TO WORK/ACTIVITY	OTHER (SPECIFY):

Thank you for helping the University to provide a supportive, safe and healthy work environment by reporting this incident. Please forward this form to the OHS Department who will ensure that an investigation is carried out if necessary.

★ THIS SECTION IS FOR OHS DEPARTMENT USE ONLY

OHS ACTION	REVIEWER:	REF:
INVESTIGATION?	OHS      DEPARTMENT      NOT REQUIRED	
IF DEPARTMENT INVESTIGATION:	INCIDENT REPORT PASSED TO:	
	DATE INCIDENT REPORT SENT:	DATE INVESTIGATION REPORT RETURNED: