

**Report of an Accident, Dangerous Occurrence or Near Miss**

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| --- | --- | --- | --- |
| Full Name |  | Date of Birth |  |

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| --- | --- |
| Address |  |
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|  |  |
| --- | --- |
| Post Code |  |

|  |  |
| --- | --- |
| Telephone Number |  |

|  |  |
| --- | --- |
| E-mail Address |  |

|  |  |
| --- | --- |
| School / Unit |  |

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| --- |
| Occupation of Injured Party (*e.g. Member of Staff, PhD Student, Post-doctoral Researcher*) |
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| --- | --- | --- | --- |
| Date of Incident |  | Time of Incident |  |

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| --- |
| Nature of Injury (*e.g. needle stick injury, burn, major cut, broken bone*)  |
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| --- |
| Action Taken to Treat Injury – *Please Tick as Appropriate* |
| No action taken[ ]  | First AidAdministered[ ]  | Taken to Medical Centre[ ]  | Taken to Hospital[ ]  | Ambulance Called[ ]  | Admitted to Hospital for >24 h [ ]  |
| Other (please state) |  |

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| Account of Accident, Dangerous Occurrence or Near Miss |
| *What happened, how it happened, where it happened – provide as much detail as possible* |
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| Witness of Accident |
| *Please provide name, address and occupation – record multiple witnesses if possible* |
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| --- | --- |
| If the injured party is absent from work due their injury,please record the start and end dates of their absence  | Please tick if **NOT** relevant[ ]  |
|  |  |  |  |
| Start Date of Absence |  | End Date of Absence |  |

|  |  |
| --- | --- |
| Name of Person Completing Report |  |

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Date |  |

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| Remedial Action Taken (to be completed by School / Unit / H&S Coordinator) |
| *Please provide details of how similar accidents can be avoided in the future. Does the incident point to any underlying problems that must be addressed? Do working practices need to be changed to prevent reoccurrence?* |
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| --- | --- |
| Name of H&S Manager |  |

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Date |  |

**For Use by EHSS Office**

|  |  |  |
| --- | --- | --- |
| Accident Investigation Required? | Yes | No |
|  |  | [ ]  | [ ]  |
| If yes, please confirm Date Action Completed |  |