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| **ACCIDENT or INCIDENT INFORMATION (complete form with capitals and ensure all information is clear and readable)** | **Office Use Only** |
| Date:  | Time: *(use 24 hr clock)* | *Date received:* |
| Location: (including Campus and Room Number) | *Site:* |
| Please state briefly what happened, e.g. slip, trip, chemical spill etc Please classify the accident or incident by ticking the boxes:[ ]  Health & Safety *–* accident, incident or near miss (please also complete parts A & B below)[ ]  Environmental(please complete Parts A, B and C below as appropriate) | *Ref:* |
| *[ ]  In [ ]  Out* |
| *Agent:* |
| *Hazard:* |
| Nature of injury |
| PRINT Name(s) of First Aider(s) and contact details: |  |
| PRINT Names of witnesses (including staff/student no and contact details) |  |  |
| PRINT Names and contact details of any people close by (COVID-19). |  | Treatment: |
| **PART A - PERSONAL INFORMATION of INJURED PARTY** | Sport injury? |
| Surname: | Forename(s): | Age: |
| Address:Postcode:Phone No.: | [ ]  Undergraduate[ ]  Postgraduate[ ]  Employee[ ]  Contractor[ ]  Visitor | Employee/Student No: |
| Occupation/Course: |
| Faculty/Directorate: | Line manager/Supervisor: |
| Details of Injury: (Please state nature of injury and part of the body affected, state **L** or **R**):First aid given? [ ]  Yes [ ]  No Please state first aid treatment given: |
| Brief statement from injured person: |
| **Signature of injured person:** | **PRINT Name:** |
| Person sent to: [ ]  Hospital [ ]  Home [ ]  Returned to work [ ]  Other *(give details)*  |

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| **PART B – ACCIDENT OR INCIDENT FOLLOW UP AND INVESTIGATION REPORT**To be completed by Supervisor / Line Manager / Member of Staff In-Charge |
| Name of Investigator: | Job Role: | Faculty / Directorate: | Phone Ext. No.: |
| Date staff member ceased work:(If applicable) | Date staff member returned to work: |
| Investigation: Include any actual/possible factors of accident, any equipment involved (vehicle, chemical, persons, sharp implements or tools etc.), any property damage. |
| Preventive – How will you prevent this from happening again? Do you need to adjust your risk assessment? Is further training needed? Any other? |
| Signature of Investigator: | Date: |
| Continuation Sheet : **Yes/No** If yes, Page \_\_ of \_\_ PagesPlease complete separate investigation forms for environmental & personnel damage associated with individual incident. |

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| **PART C – ENVIRONMENTAL IMPACT INFORMATION** | **Office Use Only** |
| Provide details of any materials/liquids spilt or discharged, and the amount (kg/litres) (estimate if necessary); State whether discharge affected air, watercourses, drains and/or permeable ground, and type of damage: | *[ ] Regulator Report?**[ ] Internal Report?* |
| Provide details of any materials/liquids spilt or discharged, and the amount (kg/litres) (estimate if necessary); State whether discharge affected air, watercourses, drains and/or permeable ground, and type of damage:State what immediate action was taken to mitigate environmental damage: | *Impacts :**[ ] Air [ ]  Drain [ ] River**[ ] Ground/ groundwater**[ ] Permeable Land* |
| *Material nature :**[ ] Toxic/Hazardous**[ ] Non-toxic [ ] ODS or GHG* |
| Clean up required / implemented? |
| Longer term mitigation / remediation required / implemented? |  |

***jj***