|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)* | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 \_\_ Pages  Please complete separate investigation forms for environmental & personnel damage associated with individual incident. | | | | | |

|  |  |
| --- | --- |
| **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***