

**This form should be completed in the event of any accident/incident/near miss on University premises involving staff, students or visitors; and for any accident/incident/near miss away from the University involving staff or students on University business or educational activity.**

**Forms are available from our Studynet pages**

If the accident/incident leads to:

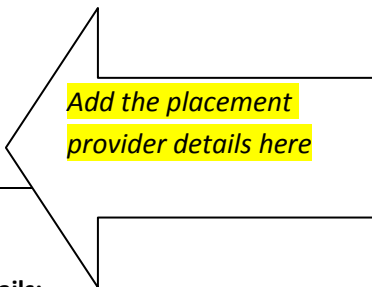
- a) Death, or major injury such as fracture of limbs, dislocation of joints, serious damage to eyes, serious burns, and any injury leading to loss of consciousness, shock or acute illness
- b) A student, member of staff, visitor, contractor or member of the public being taken to hospital

The reporter should telephone the Health and Safety Office on x 5966 (or, if there is no response, via Security on x 01707 281010) as soon as practicable, after the immediate needs of the accident victim have been dealt with.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, the Health and Safety Office *MUST* be informed of any accident or injury which is expected to prevent a member of staff from doing his/her normal work for more than 3 working days. However, please inform us if the injury required any time away from work or not. Please see section 4.

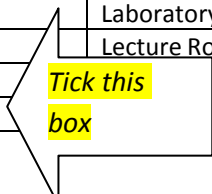
**Completed forms should be sent to the Occupational Health and Safety Office, College Lane Campus, Fax No. 3050 (01707 286050). Copies should be sent to the line manager/course tutor/UH contact and the local safety co-ordinator.**

1	PLEASE COMPLETE IN BLOCK CAPITALS	
<b>INJURED PERSON</b>	<b>Surname:</b> <b>Forename:</b> <b>Job Title/Course Code:</b> <b>Address:</b> <b>Line Manager/Course Tutor/UH Contact</b>	<b>Tel No:</b> <b>Email:</b>
<b>TIME AND PLACE OF ACCIDENT/INCIDENT/NEAR MISS</b>	<b>Date:</b> <b>Time:</b> <b>Place:</b> <b>Campus:</b>	
<b>WITNESSES</b>	<b>Names:</b> <b>Contact Details:</b>	



Depending on the nature and severity of the incident, further information may be required by the Occupational Health and Safety Office to facilitate a follow-up of the accident/incident/near miss.

2	TICK AT LEAST ONE BOX IN EACH SECTION OF THE FOLLOWING TABLES <small>(More than one box in each section may be ticked)</small>				
<b>CATEGORY OF INJURED PERSON</b>					
Academic	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Technical	<input type="checkbox"/>
Admin	<input type="checkbox"/>	Portering	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Security	<input type="checkbox"/>	Visitor	<input type="checkbox"/>
Cleaning/Domestic	<input type="checkbox"/>	Student	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
<b>LOCATION OF ACCIDENT</b>					
Halls	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Road/Footpath	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Lecture Room	<input type="checkbox"/>	Sports Area	<input type="checkbox"/>
Communal Area	<input type="checkbox"/>		<input type="checkbox"/>	Workshop	<input type="checkbox"/>
Field Location	<input type="checkbox"/>		<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>



SITE OF INJURY		NATURE OF INJURY		CAUSE OF INJURY	
Eye	(L/R)	Breathing difficulties		Electric Shock	
Face		Bruises		Equipment Handling	
Rest of Head		Burns		Exposure to substances	
Neck		Concussion		Hit Object	
Back		Cuts		Machinery	
Hand	(L/R)	Dislocation		Manual Handling	
Rest of Arm	(L/R)	Eye Injury		Physical Assault	
Foot	(L/R)	Fracture		Slip/Trip/Fall on Level	
Rest of Leg	(L/R)	Poisoning		Slip/Trip/Fall from Height	
Internal		Strains		Struck by Moving Vehicle	
Other (specify)		Other (specify)		Struck by Object	
		Non-Physical Injury		Other (specify)	

<b>3</b>	<b>BRIEF DESCRIPTION OF ACCIDENT/INCIDENT/NEAR MISS</b> (Continue on a separate sheet if necessary)			
<p><b>Add further placement provider contact details here if necessary/ required.</b></p>				

<b>4</b>	Did the injury require time away from work?	Yes		No	
	If yes, please state how long	Days		Hours	
<b>5</b>	Follow-up details				

<b>6</b>	Reporter's Name:		Tel. No	
	Position in University:		Email:	
<b>7</b>	Signature:		Date:	

<b>8</b>	<b>THIS FORM SHOULD BE SENT TO THE OCCUPATIONAL HEALTH AND SAFETY OFFICE AND COPIED TO THE APPROPRIATE LINE MANAGER/COURSE TUTOR/UH CONTACT AND LOCAL SAFETY CONTACT AS SOON AS POSSIBLE</b>
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