

ACCIDENT - INCIDENT REPORT

All incidents resulting in personal injury, a dangerous occurrence, damage to property or a near miss which could have resulted in injury must be reported within 24 hours, by completing this form and returning it to the University Safety Office.

Report Completed by: _____ **Date:** _____

Date of incident	Time	Campus	Exact Location

Name of Injured Party: _____ Occupation: _____

Address: _____ Staff/Student/Other: _____
 _____ Details: _____
 _____ Facility: _____

Describe the nature and extent of injuries suffered. _____

 _____ First Aid Treatment Y/N?

Describe the circumstances and nature of the accident/incident. _____
 _____ Referred to Doctor Y/N?
 _____ Doctors Name & Address: _____

What was the person doing at the time of the incident Work/
 Other Activity, Describe: _____ Taken to Hospital Y/N?
 _____ By: _____
 _____ Hospital: _____

Admitted or Discharged after Treatment. Specify _____

What protective clothing was worn at the time of the incident? _____
 _____ Witness to incident? Y/N
 _____ Name: _____

Was any machinery or vehicle involved? Give Details: _____
 _____ Phone No.: _____
 _____ Address: _____

Comments or additional information _____
 _____ Reported By: _____
 _____ Phone No.: _____
 _____ Department/Address: _____

Office Use only

Classification	Action	Reported Ins./ HSA	Acknowledged	Date Recorded
F/A T/L Other				