

INCIDENT & OCCUPATIONAL HEALTH REPORT FORM

- Send the completed form to the Health, Safety and Environment Office as soon as possible.
- Photocopy the completed form for retention as a Departmental Record.

PART A

1. What type of event are you reporting?

Accidental Injury
 Occupational Ill Health
 Fire
 Gas Incident
 Electrical Incident
 Environmental Incident
 Dangerous Occurrence
 Other Incident / Near miss (*specify*).....

2. When and where did it happen?

Date of Incident / Onset of Ill Health: Time:

Name of Reporting Department / Unit:

Exact Location of Incident:

3. Details of person involved (if none, go to Section 6)

Use a separate form for each individual

Name: Age: Male Female

Home Address:

Is the person: Member of AU staff
 AU Undergraduate
 AU Postgraduate
 Contractor
 Visitor

If AU staff, which group?

Academic / Academic-related
 Clerical / Secretarial
 Caretaker / Porter
 Catering
 Farm Staff
 Maintenance (joiner, electrician, etc.)
 Technical
 Cleaning / Domestic
 Security
 Grounds / Gardens
 Other (*specify*...)

4. Details of any injuries or ill health

Part of body affected:

Describe Nature of Injury/ Ill Health:

5. Did the person take time off?

YES NO If YES, please inform the HS&E Office how many days off on their return to work (by e-mail or phone, do not delay returning this form)

Did the person go directly to hospital for treatment? YES NO

Was First Aid administered? YES NO

Was the person detained in hospital for more than 24 hours? YES NO

If 'YES', by whom?.....

CONTINUE OVERLEAF

FOR H.S&E OFFICE USE			FOR FINANCE OFFICE USE	
N/R	RIDDOR	Further Investigation:	Date entered employment:	Insurance Company notified? YES / NO
Date:				
Ref No:			Injured Person's NHI No:	Date:

6. What happened? (summarise the circumstances)

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7. Which category best describes the cause?

Animals (including insects)	Slip, trip or fall on level	Struck against object (e.g. furniture, fittings)	Contact with hot or very cold substances or object
Electricity	Fall on stairs	Struck by moving or falling object	Contact with moving machinery / equipment
Fire / Explosion	Fall from height (specify in metres)	Exposure to / contact with harmful substance	Handling sharps (glass, needles, etc.)
Violence (physical assault)	Road traffic incident	Manual handling (lifting/carrying, etc.)	Hand tools (including power tools)
Sports	Other (<i>specify</i>):		

8. Witnesses (give names, addresses and telephone numbers)

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9. Details of person completing part A

Name: _____	Signature
Date: _____ Position: _____	

PART B

To be completed by Departmental Safety Officer or Institute Manager

Did you investigate this incident? YES NO

10. Precautions already in place

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11. Action to prevent recurrence of incident

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12. Signature of Departmental Safety Officer or Institute Manager

Name: _____	Signature
Date: _____	