

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?

_____ Referred to Doctor Y/N?

Describe the circumstances and nature of the accident/incident. _____ Doctors Name & Address

What was the person doing at the time of the incident Work/ _____ Taken to Hospital Y/N?

Other Activity, Describe: _____ 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				