

## 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:		Injured Person's NHI No:	
	Ref No:			

**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: _____	