**ACCIDENT/ INCIDENT AND NEAR MISS REPORT**

Please write in block capitals using black ink or type

Routing: Originator - Line manager – Health, Safety and Wellbeing Team

The information provided on this form will be processed in accordance with our Data Protection Policy and Privacy Notices.  For further information please visit <https://www.ulster.ac.uk/about/governance/compliance/gdpr>

Reporting Category: Accident [ ]  Incident (including Near Misses) [ ]

**SECTION 1 - DETAILS OF INJURED PERSON or PERSON REPORTING** (to be completed by IP or Person Reporting where possible)

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname |  |
| Home Address |  | Post Code |  |
| Home Tel |  | Work Tel |  | Age |  |

Please Tick: Male [ ]  Female [ ]  Visitor [ ]  UU Staff [ ]  UU Student [ ]  Contractor [ ]

If you are a Ulster University Staff or Student; please state:

Job Title / Course: ………………………………. Dept./School ……………………………….

Campus (Please Tick) J [ ]  C [ ]  M [ ]  B [ ]  Other [ ]  ……………………………….

**SECTION 2 - DETAILS OF ACCIDENT / INCIDENT OR NEAR MISS**

 (To be completed by injured person, where possible or relevant person)

Date of Incident: Time of Incident: ……………………………….

Location:

Campus (Please Tick): J [ ]  C [ ]  M [ ]  B [ ]  Other [ ]

Reported to: Date and Time Reported:

Statement of person involved in accident / incident (Provide a detailed description of events, consider sequence of events that led up to the incident and physical/ environmental conditions). Continue separate sheet if necessary):

I agree that HSW have permission to forward this form to a Trade Union (H&S) Representative

YES [ ]  NO [ ]

Did anyone witness the incident? YES [ ]  NO [ ]  (Witnesses should complete witness statement form)

Signature: Date: Tel:

**SECTION 3 – INJURY DETAILS**

Nature of Injury (e.g. cut, bruise):

Part of the body injured:

Was first aid treatment provided YES [ ]  NO [ ]

If YES, who provided this treatment?

Name: Department: ……………………………

Did the University organise for the injured party to be taken directly to hospital? YES [ ]  NO [ ]

Did the Injured Person become absent from work as a result of the accident/incident?

YES [ ]  NO [ ]  NOT KNOWN [ ]

If YES, date ceased work: Date of return to work:

NOTE If the person is seriously injured or has been taken directly to hospital as a result of the accident/incident the line-manager must inform Health, Safety and Wellbeing at the earliest opportunity on 028 70123456 (from mobile) or 22222 (from internal phone). For all other accidents/incidents, including an over 3-day injury promptly (and within 5 working days) email details to healthandsafety@ulster.ac.uk

Was the person authorised to carry out this activity? YES [ ]  NO [ ]

**SECTION 4 - INVESTIGATION** (to be completed by line-manager)

Give a full account of the accident, incident or near miss providing, so far as is possible, details of actions leading up to the accident/ incident and details of immediate and underlying causes: (continue on a separate sheet if necessary):

Use this space for a sketch plan where necessary (submit relevant photographs with the final report):

Detail any equipment, tools, objects, substances, etc. which were involved:

Detail any known defects:

**SECTION 5 - RECOMMENDATIONS TO PREVENT RECURRENCE**

(to be completed by the relevant person)

Have all relevant Risk Assessments been reappraised? YES [ ]  NO [ ]

Where appropriate please forward copies of relevant risk assessments with this Report Form to healthandsafety@ulster.ac.uk

Signature of person completing report:

Name (block capitals):

Job title: Date: Ext:

**HEALTH, SAFETY AND WELLBEING REPORT:**

Signed: Name (block capitals):

Date: