**ACCIDENT REPORT**

Please write in block capitals using black ink or type

Routing: Originator - Line manager - Health and Safety Services

**SECTION 1 - DETAILS OF INJURED PERSON** (to be completed by injured person 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 / DANGEROUS OCCURRENCE**

 (to be completed by injured person where possible)

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 (continue on separate sheet if necessary):

Signature: Date: Tel:

I give permission for a copy of this form to be passed on to a Trade Union Representative YES [ ]  NO [ ]

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

Part of the body injured:

Witnesses names and addresses (where appropriate):

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 he / she become absent from work as a result of the accident? YES [ ]  NO [ ]  NOT KNOWN [ ]

If YES, date ceased work:

Date of return to work:

NOTE If the person is seriously injured, has been taken directly to hospital, or has been absent from work for more than 3 days as a result of the accident then the line-manager must inform Health and Safety Services at the earliest opportunity (ext. 66952)

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

**SECTION 3 - INVESTIGATION** (to be completed by line-manager)

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

Use this space for a sketch plan where necessary:

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

Detail any known defects:

**SECTION 4 - RECOMMENDATIONS TO PREVENT RECURRENCE**

(to be completed by the line manager)

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

Where appropriate please forward copies of relevant risk assessments with this Accident Report Form to Health & Safety Services, Room 2H06, Jordanstown Campus

Signature of person completing report:

Name (block capitals):

Job title:

Date:

Ext:

**HEALTH AND SAFETY SERVICES REPORT:**

Signed:

Name (block capitals):

Date:

AR1 Revised February 2017