

UEL ACCIDENT / INCIDENT REPORT FORM - PART A

(injury, near miss, dangerous occurrence, occupational ill-health and violence at work)

Send this form to the Head of School/Department or Director of Service and email to Accidents&Incidents@uel.ac.uk

Data Protection Act 1998 & Confidentiality: The form will be held by UEL for the purpose of monitoring health and safety. It will only be disclosed to persons or organisations able to demonstrate a legal right to the data.

Subject of report: please tick box

Injury	[]	Dangerous occurrence	[]	Damage to property	[]
Non-injury accidents	[]	Physical assault	[]	Verbal assault	[]
Health condition	[]	Other: _____			
Incident	[]				

1. ABOUT YOU – THE PERSON COMPLETING THIS FORM:

First name:	Last name:	Phone No.	Staff No:
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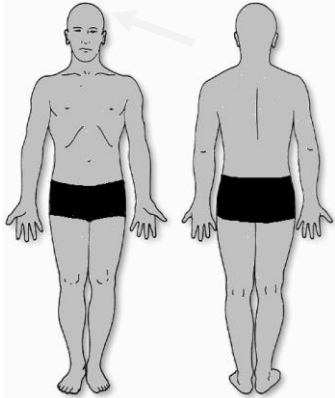
2. THE INJURED PARTY:

First name:	Last name:	Date of Birth:	Male / Female
Home address & postcode & telephone number:			
Work address & postcode & telephone number:			
STATUS:			
Member of public: <input type="checkbox"/>	Contractor: <input type="checkbox"/> Employer: _____	Work experience: <input type="checkbox"/> School: _____	
Staff member: <input type="checkbox"/> Staff number: _____ Job title: _____ College/School/Dept/Service:	Student <input type="checkbox"/> Student number _____ College/School/Dept:	Other : <input type="checkbox"/> Details _____	

ABSENCE: If absent from work or studies...

Time & Date of absence commencing:
Time and Date of return to work/studies:

3. THE INJURIES:

<p>Did a first aider attend? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First aider name & contact number:</p> <p>What was the nature of the injury? e.g. laceration, fracture, sprain, needlestick, other (describe):</p> <p>What treatment was given by first aider?</p> <p>Was treatment refused?</p>	<p>What parts of the body were injured?</p> <div style="text-align: center;">  </div>
<p>Was the injury:</p> <p>A fatality? <input type="checkbox"/></p> <p>A specified injury <input type="checkbox"/></p> <p>A minor injury <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Did the injured party attend hospital directly from the scene / UEL property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Did the injured party remain in hospital for over 24 hours?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Did the injured party: Lose consciousness?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Need resuscitation?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

4. THE ACCIDENT / INCIDENT:

Date:	Time:	EXACT location (including area, nearest building, room and campus):
Type: <i>Tick which one is most correct or give details by 'other'</i> Contact with moving machinery <input type="checkbox"/> Contact with material being machined <input type="checkbox"/> Hit by something fixed or stationery <input type="checkbox"/> Hit by a moving, flying or falling object <input type="checkbox"/> Hit by a moving vehicle <input type="checkbox"/> Injured whilst handling, lifting or carrying <input type="checkbox"/> Slipped, tripped fell on the same level <input type="checkbox"/> Fell from height = _____m <input type="checkbox"/> Trapped by something collapsing <input type="checkbox"/> Drowned or asphyxiated <input type="checkbox"/> Exposure / contact with harmful substance <input type="checkbox"/> Exposed to fire <input type="checkbox"/> Exposed to an explosion <input type="checkbox"/> Contact with electricity or electrical discharge <input type="checkbox"/> Injured by an animal <input type="checkbox"/> Physically assaulted by a person <input type="checkbox"/> Verbally assaulted by a person <input type="checkbox"/> Other:		Witnesses details (including name, address and telephone number):

5. DANGEROUS OCCURRENCE / VIOLENCE AT WORK / OTHER INCIDENT

Describe what happened.

6. DESCRIPTION OF EVENT

Describe what happened: *For example, name any substances, machinery, events leading up to the accident / incident, parts played by other people and any other contributing factors. If outside, also describe the weather, whether dark or light and any lighting used.*

7. SKETCH OF ACCIDENT / INCIDENT

Where relevant, sketch a diagram of relevant information, layout of accident / incident and proximity of influencing factors.

UEL ACCIDENT / INCIDENT REPORT FORM - PART B

This form should be sent to the OHSU

Reference:	
Name of Injured Party:	Date & Time of accident / incident:

8. ACCIDENT / INCIDENT INVESTIGATION	
How many days (including weekends) has the injured party been absent from work (excluding day of accident/incident)?	
Has the injured party returned to work, resuming their full duties?	Yes/No
Has the injured party returned to work on different or light duties?	Yes/No
If yes, has the injured party been referred to Occupational Health?	Yes/No
Has the person suffered work-related ill-health? If so, give details:	
Has a risk assessment been carried out for the process / activity? <i>(please attach a copy)</i> If so, has this been reviewed in light of this accident / incident?	
Are there any departmental rules /safe systems of work applicable to the work / activity? <i>(If YES please attach a copy)</i>	Yes/No
What training or instruction has the person received in the work or activity being carried out?	
Was there any supervision of the work or activity being carried out?	Yes/No
Was any Personal Protective Equipment being used at the time? <i>If YES provide details</i>	Yes/No
Was a Permit-to-Work or Authorisation in effect <i>(if YES please attach copy)</i> ?	Yes/No
At the time of the accident / incident, was the person where they were meant to be?	Yes/No
At the time of the accident / incident, was the person doing what they were meant to be doing?	Yes/No
What action has been identified to prevent recurrence?	
Who will implement this?	By When?
Any other comments relating to the investigation of the accident / incident?	

9. RIDDOR
Has this accident / incident been reported to the Health and Safety Executive (HSE) under RIDDOR? Yes / No <i>If 'yes', ensure OHSU receive a copy of the F2508</i>

10. SIGNATURE OF HEAD OF SCHOOL/DEPARTMENT / DIRECTOR OF SERVICE:
Signature: _____ Date signed: _____
Print Name _____

FOR OHSU use only			
RIDDOR report applicable: Yes <input type="checkbox"/> No <input type="checkbox"/>	RIDDOR report received if applicable: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Copy sent to Personnel file: Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy to Facilities - insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Entered onto Trent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Further investigation required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
OHSU additional notes:			
Form reviewed by: & date reviewed:	OHSU Manager <input type="checkbox"/>	HS Advisor. <input type="checkbox"/>	OH Admin <input type="checkbox"/>