

GWASANAETHAU IECHYD A DIOGELWCH / HEALTH AND SAFETY SERVICES

ACCIDENT / INCIDENT REPORTING FORM

This form **MUST** be completed for ALL accidents and incidents (*whether someone was injured or not and preferably by an appropriate Health & Safety Coordinator or Line Manager*). The completed Form **MUST** then be sent to Health and Safety Services **WITHIN 7 days** of the accident / incident. A copy **MUST** also be held locally.

PART A

- Name of Injured Person (in full)*
- Age of Injured Person*
- Department / College / School
- Home Address (in full), postcode and home telephone number*

Tel No:
- Job Title / Student (incl. Course) / Visitor / Contractor*
- At what time did the incident occur?
(please put AM or PM)
- Where did the incident occur? (It is important to include full details eg building, room and place)
- Was the injured person authorised to be in that place?
Yes No
- Name of supervisor in charge (if applicable)

Tel No:
- Name and address of witness(es)

PART B – ABOUT THE ACCIDENT / INCIDENT

- On what date did the incident occur?

* Where applicable

PART C – ABOUT THE INJURY (if any)

1. If applicable, describe any injury eg fracture, cut, bruise

2. What part of the body was injured?

3. Was the injury (tick **1** box which applies):

- A major injury or condition
- Was the person off work as a result of the accident / incident?
If **YES** detail **how many days** they were off sick **and the dates** they were off sick:

Total Days:

Dates:

- An injury to a student or visitor which meant they had to be taken to hospital (call 3847 as soon as possible)
- None of the above

4. Did the injured person (tick **ALL** applicable boxes):

- Become unconscious
- Need resuscitation
- Remain in hospital for more than 24 hours
- None of the above

PART D – ABOUT THE ACCIDENT / INCIDENT

- Injured by an animal
- Contact with electricity / electrical discharge (incl. static electricity)
- Exposed to an explosion
- Slipped, tripped or fell on the same level
- Slipped, tripped or fell on the stairs
- Fell from height. Approx how high:
- Exposed to fire
- Injured whilst handling, lifting, carrying
- Injured whilst handling glass or sharps
- Injured whilst using hand tools
- Injury caused by hot / cold contact
- Contact with moving machinery or materials being machined
- Exposed to or contact with a harmful substance or material
- Injured during sports activities
- Hit by a moving or flying / falling object
- Hit something fixed or stationary
- Injured during a traffic accident or by a vehicle
- Physically assaulted by a person
- Threat or verbal abuse by a person
- Another kind of assault (describe in more detail in Part E)
- An Incident
- A Near Miss

PART E – DESCRIBE WHAT HAPPENED

Give as much detail as possible eg what the person was doing, substance / machine involved, the events that led to the accident / incident.

PART F – DETAILS OF PERSON COMPLETING THE ACCIDENT / INCIDENT FORM

Name:

Job Title:

College / Department:

Contact Details:

Signature & Date:

NOTE: Please return this Form to Health and Safety Services, Penbre, College Road AND send a copy to your Health & Safety Coordinator or Line Manager.*

PART G – ACCIDENT / INCIDENT INVESTIGATION

- All accidents and incidents which occur at the University or whilst on University led activity **MUST** be investigated.
- The amount of time and resources spent on the investigation should reflect the seriousness or potential seriousness of the accident / incident, it **DOES NOT** just depend on whether someone was injured. Further guidance can be found on the Website.
- An investigation should ascertain the following:
 - Collect / preserve evidence. **Take pictures if possible.**
 - Who was involved or injured (if anyone)?
 - When did the accident / incident occur?
 - Where did the accident / incident occur?
 - How did the accident / incident occur?
 - Why did the accident / incident occur?
 - The action to take to prevent it happening again.

Name of Person(s) undertaking the Investigation:	
Date of Investigation:	
Names of person(s) interviewed (witnesses):	
Who was involved / injured?	
When did the Accident / Incident occur?	
Where did the Accident / Incident occur?	
How did the Accident / Incident occur, what happened?	

In an emergency call 333. If the accident is serious also call 3847

<p>What caused the Accident / Incident ie contributory factors?</p>	
<p>What action will be taken to prevent the Accident / Incident happening again</p>	