

Office use only  
**Ref:**

**Report of a Health & Safety Incident**

**Please specify type of incident:**

|  |  |
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| **Accident** |  |
| **First aid only (no injury)** |  |
| **Existing medical condition** |  |
| **Disease** |  |
| **Sports** |  |
| **Dangerous occurrence (including fire, chemicals)** |  |
| **Near miss (including damage to property, environmental)** |  |

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| **Date of incident** |  |
| **Time of incident** |  |
| **Campus/residence/location where incident occurred** |  |
| **Room number/area where incident occurred** |  |

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| --- | --- |
| **Name of injured person (where applicable)** |  |
| **Contact details for injured person\*** |  |
| **Is injured person staff, student, visitor or contractor** |  |
| **If staff or student, name of School/Service** |  |
| **If contractor, name of company** |  |
| **Did injured person continue work after accident** |  |

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| **Witness details** |  |
| **Contact details for witness\*** |  |

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| **Name of person reporting the incident** |  |
| **Contact details for person reporting incident\*** |  |

*\* A contact phone number is important so that we can contact you directly for further information and provide you with the necessary advice.*

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| **Please give a description of the incident (add photo of area if possible)**  (where applicable include details of any plant, equipment, materials, substances being used/involved; PPE being worn, missing or damaged; weather conditions; housekeeping; safety equipment provided; environmental impacts etc.) |

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| **Please give a description of any injuries (where applicable)** |

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| **Please give details of any first aid/medical attention given at the time and who administered it (where applicable)** |

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| **Please state if person referred elsewhere for medical treatment, where they were referred to, and if detained in hospital (where applicable)** |

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| **Were there any contributory factors?** |
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| **What were the root causes?** |
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| **Were there any University impacts (systems unavailable, student disruption, areas closed off etc.)?** |
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| **What actions have been taken to prevent re-occurrence?** |
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| --- | --- |
| **Action taken by Health & Safety Team** | |
|  | |
| **RIDDOR completed (F2508)** | Yes / No |
| **If “Yes” date and reference number** |  |

|  |  |
| --- | --- |
| **Authorised signature** |  |
| **Job title** |  |
| **Date** |  |

**Notes:**

In accordance with the Data Protection Act 2018, personal details supplied on the incident form will be kept confidential and stored securely.