

**OFFICIAL USE ONLY REF NO.:**Type of accident::
Type of injury:
Part of body:

**REPORT OF AN ACCIDENT OR DANGEROUS OCCURRENCE**

**A) PARTICULARS OF INCIDENT**

Date of incident: ......................................................................... Time: .............................................................

Location at which incident occurred: ...................................................................Place of incident (i.e. room or area): ..........................

Description of incident: ..........................................................................................................................................................................................

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Description of any injuries: ....................................................................................................................................................................................

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What medical attention/first aid was given at the time? ........................................................................................................................................

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By whom? .............................................................................................................................................................................................................

Was injured person referred elsewhere for professional treatment? Yes ❑ No ❑ (tick as appropriate)

If so, where? ......................................................................................................... If hospital, were they detained? Yes ❑ No ❑

**B) PARTICULARS OF INJURED PERSON**

Surname: ..................................................................................................... Forename(s): ..................................................................................

Contact Phone Number: …………………………………………………………………

**Subject of report:** employee ❑ student ❑ contractor’s staff ❑ visitor ❑ other ❑ ................................................................................

**If injured person is a member of University staff, please state:**

School/Service:............................................................................................................. Did they continue work after the incident: Yes ❑ No ❑

**C) THIS SECTION FOR OFFICIAL USE ONLY**

**Action taken by Health & Safety Team: ............................................................................................................................................................**

**...............................................................................................................................................................................................................................**

**RIDDOR completed: Yes ❑ No ❑ Date: ..................................................**

**Authorised signature: .................................................................................................................................... Date: .........................................**