

## Report of an Accident, Dangerous Occurrence or Near Miss

Full Name

Date of Birth

Address

Post Code

Telephone Number

E-mail Address

School / Unit

Occupation of Injured Party (*e.g. Member of Staff, PhD Student, Post-doctoral Researcher*)

Date of Incident

Time of Incident

Nature of Injury (*e.g. needle stick injury, burn, major cut, broken bone*)

Action Taken to Treat Injury – *Please Tick as Appropriate*

No action  
taken

☐

First Aid  
Administered

☐

Taken to  
Medical Centre

☐

Taken to  
Hospital

☐

Ambulance  
Called

☐

Admitted to  
Hospital for >24 h

☐

Other (please state)

Account of Accident, Dangerous Occurrence or Near Miss

*What happened, how it happened, where it happened – provide as much detail as possible*

Witness of Accident

*Please provide name, address and occupation – record multiple witnesses if possible*

If the injured party is absent from work due their injury,  
please record the start and end dates of their absence

Please tick if **NOT** relevant

☐

Start Date of Absence

End Date of Absence

Remedial Action Taken (to be completed by School / Unit / H&S Coordinator)

*Please provide details of how similar accidents can be avoided in the future. Does the incident point to any underlying problems that must be addressed? Do working practices need to be changed to prevent reoccurrence?*

Name of Person Completing Report

Signature

Date

Name of Safety Coordinator / Head of School

Signature

Date

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**For Use by EHSS Office**

Accident Investigation Required?

Yes

No

☐☐

If yes, please confirm Date Action Completed

## Accident Report – Images



