

ACCIDENT - INCIDENT REPORT

All incidents resulting in personal injury, a dangerous occurrence, damage to property or a near miss which could have resulted in injury must be reported within 24 hours, by completing this form and returning it to the University Safety Office.

Report Completed by: _____ **Date:** _____

Date of incident	Time	Campus	Exact Location

Name of Injured Party. _____

Occupation _____

Address _____

Staff/Student/Other

Details _____

Facility _____

Describe the nature and extent of injuries suffered.

First Aid Treatment Y/N?

Referred to Doctor Y/N?

Describe the circumstances and nature of the accident/incident.

Doctors Name & Address

What was the person doing at the time of the incident Work/

Taken to Hospital Y/N?

Other Activity, Describe: _____

By _____

Hospital _____

Admitted or Discharged after Treatment. Specify

What protective clothing was worn at the time of the incident?

Witness to incident? Y/N

Name _____

Was any machinery or vehicle involved? Give Details:

Phone No. _____

Address: _____

Comments or additional information

Reported By: _____

Phone No. _____

Department/Address _____

Office Use only

Classification	Action	Reported Ins./ HSA	Acknowledged	Date Recorded
F/A T/L Other				

