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| **INCIDENT / ACCIDENT / NEAR MISS REPORT FORM**First aider / reporting person to complete: |
| [ ] **Incident** [ ] **Accident** [ ] **Near Miss**Name of Injured Person:Address:Age:Phone number:[ ] Staff [ ] Student [ ] Member of public/visitorDepartment: | Name of reporting person:Are you a first aider: [ ] **Yes** [ ] **No**Department:Phone number: |
| **Details of event** |
| Location of Incident/ Accident:Date:Time:Description of event: |
| Description of first aid given:Was the injured person taken to hospital? [ ] **Yes** [ ] **No**Was any property damaged? [ ] **Yes** [ ] **No**  |
| Names, address and contact phone number of witnesses:1:2: |
| PLEASE ENSURE ANY INJURY INFORMATION IS RECORDED OVER THE PAGE |
| Injury sustained? [ ] **Yes** [ ] **No** |
| þÿ | **Nature of Injury**[ ] Abrasion[ ] Absorption[ ] Bitten[ ] Bruise[ ] Burn[ ] Choke[ ] Crush[ ] Cut[ ] Dislocation[ ] Electric shock[ ] Fracture[ ] Hearing damage[ ] Illness/medical[ ] Infection[ ] Inhalation[ ] Irritation[ ] Multiple injuries[ ] Poison[ ] Puncture[ ] Rash[ ] Scald[ ] Seizure[ ] Sprain[ ] Strain[ ] Not Known[ ] Potential Injury | **Part of Body**[ ] Abdomen[ ] Ankle[ ] Arm[ ] Back[ ] Chest[ ] Elbow[ ] Eye[ ] Finger[ ] Foot[ ] Forehead[ ] Hand[ ] Head[ ] Hip[ ] Internal[ ] Knee[ ] Leg[ ] Mouth[ ] Multiple areas[ ] Neck[ ] Nose[ ] Shin[ ] Shoulder[ ] Thigh[ ] Thumb[ ] Toe[ ] Wrist[ ] Not Known/Other | **Method of injury**[ ] Asphyxiation[ ] Assault - physical[ ] Assault – verbal[ ] Bite/sting[ ] Burn[ ] Contact moving machine[ ] Contact sharp object[ ] Contact stationary object[ ] Electric shock[ ] Explosion[ ] Exposure to substance[ ] Fall less than 2m high[ ] Fall more than 2m high[ ] Fire[ ] Flooding[ ] Manual handling[ ] Road traffic[ ] Self-harm[ ] Slip and trip (wet/slippery)[ ] Slip and trip (uneven)[ ] Sports injury[ ] Struck by falling object[ ] Struck by moving machine[ ] Other |
| This form must be completed and sent to the Health & Safety Office within 24hrs |
| Signature of person reporting: Date:Signature of injured person: Date:Signatures confirm that the information given accurately records the event. |
| Email to healthandsafety@gold.ac.ukTelephone enquiries 07894 622 115 |