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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/visitor  Department: | | | 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.uk](mailto:healthandsafety@gold.ac.uk)  Telephone enquiries 07894 622 115 | | | | |