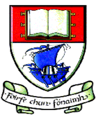
Incident Report Form

Instructions for completion of this form:
- Complete all sections of this form in as much details as possible.
- If you are a staff member complete this form with your manager or the health & safety officer.
- If you are a student complete this form with your course leader or lecturer.
- Upon completion of this form sign section F.

Return completed forms to the Health & Safety Office located on the Main Campus.

Section A: Details of Injured Person				
Name:				
Gender:	❑ Male	❑ Female	*Date of Birth:*	
Is the injured person:	❑ Staff Member	❑ Student	❑ Visitor	❑ Contractor
Staff No/Student No/Company:				
Occupation/Course of Study:				
Department:				
Manager/Course Leader:				
Contact No.:				
If you are a visitor or contractor please describe your reason for been at the Institute:				

Section B: Details of Incident					
Date of Incident:			*Time of Incident:*		
Location:	❑ Main Campus	❑ College St.	❑ Applied Technology Building	❑ West Campus	❑ Confederation House
Exact area/location where the Incident occurred?					
Describe in detail how the incident occurred?					



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Section C: Details of Injury

Describe the type of Injury:

Indicate part of the body most seriously injured:

- ❑ Head, except eyes
- ❑ Eyes
- ❑ Neck
- ❑ Back, spine
- ❑ Chest
- ❑ Abdomen
- ❑ Shoulder, upper arm, elbow
- ❑ Lower arm, wrist
- ❑ Hand
- ❑ Fingers
- ❑ Hip, thigh, knee
- ❑ Lower leg, ankle area
- ❑ Foot
- ❑ Toes
- ❑ Extensive parts of the body
- ❑ Multiple injuries

Other (please specify):

Was medical attention administered by:

- ❑ First Aider
- ❑ College Nurse
- ❑ College Doctor
- ❑ GP
- ❑ A&E Department
- ❑ None Required

Name & Medical Practice of GP (if applicable):

What medical treatment was administered?

How many days was the injured person absent from work/college?

Section D: Witness Statement

Was there any witness to the incident? ❑ Yes ❑ No

Name of Witness:	*Contact No:*

Witness statement – describe in detail how the incident occurred:

Section E: To be filled in cases of Hospitalisation ONLY

Name of hospital:

If admitted to hospital, provide details of length of stay & medical treatment administered:

Outline details of further medical treatment required, if applicable:

Section F: Additional Information

Section G: Signatures

Signature of Manager/Lecturer/Health & Safety Officer:	*Signature of Injured Person:*