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| **ACCIDENT REPORT FORM** |  |
| **Use this form to report: injuries or illnesses; near misses; or any first aider attendances** | |

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| ABOUT THE PERSON WHO HAD THE ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name (Block Capitals):** | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | ❑ Male | | | | | | | ❑ Female |
| Surname | | | | | | | | | | | | | | | | | | | First Name | | | | | | | | | | | Initial | | | | | | | |  | | | | | | |  |
| ❑ UoG Employee ❑ UoG Student ❑ Visitor ❑ Contractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School/Office/Company:** | | | | | | | | | |  | | | | | | | | | | | | | UoG Job Title/Student No: | | | | | | | | | | | | | | | | | | |  | | | |
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| UNIVERSITY OF GREENWICH EMPLOYEES ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Were you able to carry out your normal duties after the accident?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑ **Yes** | | | | | | | | | ❑ No *(please specify)* | | | | | | |
| *(eg was taken to hospital, went home, was on sick leave, worked at home, carried out alternative duties)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VISITORS AND CONTRACTORS ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact details:** | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone No. | | | | | | | | | | | | | | | | | Fax No. | | |
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| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Town/City | | | | | | | | | | | | | | | | | | | | | | | | | County | | | | | | | | | | | | | | | | | | Postcode | | |
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| ABOUT THE ACCIDENT (to be completed by the injured/ill person if possible or someone else on their behalf) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** |  | | | | | | | | | | | | | | | |  | | | | | | | | | | Time (24 hour clock): | | | | | | | | | | | | | | | | |  | |
| **Campus:** | |  | | | | | | | **Building:** | | | | |  | | | | | | | | | | Room/area: | | | | | | | | | |  | | | | | | | | | | | |
| **Off campus details (if any):** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What was the injury, illness or near miss? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How did it happen? *(Attach a separate sheet for additional details or confidential information if necessary)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Please keep a copy of this form for your own records.*  *Information provided is kept in accordance with the Data Protection Act 1998 and will only be used by the University in relation to reporting and investigation of accidents.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of person completing this section:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Date:** | | | | | | |  | | | | | |
| **Name (Block Capitals):** | | | |  | | | | | | | | | | | | | | | | | | | | **Tel. No.:** | | | | | | |  | | | | | | | | | | | | | | | |
| **School/Office/Company:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Local Safety Officers should immediately inform the Safety Unit if an accident involves  a major injury, an employee off work for more than three days, or a student/visitor/contractor taken to hospital. [safetyunit@gre.ac.uk](mailto:safetyunit@gre.ac.uk) tel. 9001, fax. 7632 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Safety Unit informed ❒** | | | | | | | | | | | | **By (Name):** | | |  | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | |  | | | | |
| FIRST AID OR OTHER TREATMENT GIVEN (include action by emergency services if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signature of first aider:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | |  | | | | | | | | | |
| **Name (Block Capitals):** | | | | | | |  | | | | | | | | | | | | | | | **Tel. No.:** | | | | | |  | | | | | | | | | | | | | | | | | |
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| WITNESS(ES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name(s) of witness(es):** | | | | | | |  | | | | | | | | | | | | |  | **Contact Details:** | | | | | | | | | | |  | | | | | | | | | | | | | |
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| REPORT OF INVESTIGATION AND REMEDIAL ACTION TAKEN OR PLANNED (to be completed by the Local Safety Officer and Head. Attach separate sheets if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signature of Local Safety Officer:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Date:** | | | | | | | |  | | | | | | | | | |
| **Name (Block Capitals):** | | | | |  | | | | | | | | | | | | | | | | | **Tel. No.:** | | | | | |  | | | | | | | | | | | | | | | | | |
| The investigation report and remedial actions are endorsed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Head of School/Office or nominee:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name (Block Capitals):** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | |  | | | | | | | | |
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| Keep a copy of the completed form and send original as soon as possible to  Safety Unit at Tower Flat, Avery Hill, Mansion Site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR SAFETY UNIT USE:  Copies sent to: ❑ Insurance Manager ❑ Occupational Health ❑ Student Affairs ❑ School/Office  **March 2010** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |