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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. |
|  |  |
|  Street Address |
|  |  |  |  |
|  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 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:** |  |
|  |
| 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** |