ACCIDENT / INJURY / INCIDENT REPORT FORM

A: DETAILS OF THE PERSON INJURED OR INVOLVED

1. Title: Prof, Ass Prof, Dr, Mr., Ms, Mrs., Miss (please circle where appropriate)
2. Surname………………………………….. Given Name………………………………
3. Gender: Male□ Female□
4. Date of Birth………………………………
5. Full Time □ Part Time □ Casual / Contract □ (please tick where appropriate)
6. Department…………………………………………………………………………………………
7. Position…………………………………………………………………………………………
8. Home Address……………………………………………………………………………………
9. Telephone Mobile…………………….. Home……………………………….
10. Telephone Work………………………… Email………………………………
11. Supervisor / Manager…………………………………….. Contact number………………..

B: DETAILS OF THE ACCIDENT / INJURY

Date and Time of the Accident / Injury/ Incident……………………………………………………
Department / Room Number / Location………………………………………………………………

Description of the Accident/ Injury/ Incident:

a) What was the individual doing leading up to the time of the accident/ injury/ incident?

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b) Describe fully what happened, include the activity at the time of the incident and the course of action

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Did the Person suffer any injuries or damage? Yes □ No □

Description of Injury / Condition :
a. Nature / Type of Injury (e.g. fracture, burn, bruising)

b. Bodily Location of Injury / Condition

Were the Police notified? YES □ NO □

Was medical Treatment Received? YES □ NO □

Were the person(s) transported to a medical facility? YES □ NO □

Facility………………………………………………………………………………...

Transportation Provided by…………………………………………………………...

What other support was offered to and/or received by those involved?

C. WITNESSES

Name and Contact Information of witnesses(s) to the accident

D. SIGN OFF

Name / Address / Contact information of Person Completing the Report

Signature……………………………… Date of Report……………………

E. Diagram of Incident /Accident or further Comments: