



Accident Report Form

For all Accidents, Incidents & Near Misses

This form is to be used in the event of an accident, incident, work-related ill health, dangerous occurrence or near miss that results or could have resulted in an injury to anyone on University premises or during the course of any University organised activity. The University is required to collect this data under the Health and Safety at Work Act 1974 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

Accident reports will be held for no longer than three years and may be shared internally with a relevant Line Manager, the University's Estates Department and Personnel department, to confirm details of any work-related absence or during the course of an accident investigation. This information may also be shared externally with the Health and Safety Executive, the University's insurers or appointed solicitor upon request.

This form can be completed in full by the affected or injured person, any person administering first aid or anyone witness to the incident.

Please forward a copy of the form to the University's Health and Safety Advisor within 24 hours of an accident/ incident/ near miss.

Serious incidents must be reported immediately on ext. 3835.

Incident Details							
Name of person reporting incident							
Department:		Ext:		Email:			
Type of incident:	First Aid <input type="checkbox"/>	Work-related accident <input type="checkbox"/>	Work-related ill health <input type="checkbox"/>	Work-related violence <input type="checkbox"/>	Road Traffic Accident <input type="checkbox"/>	Non-injury accident <input type="checkbox"/>	Near Miss <input type="checkbox"/>
Date of incident:				Time of incident:			
Precise location: Campus/building/room etc							
Person(s) Affected							
Title:		Name(s) in full:					
Status:	Employee <input type="checkbox"/>	Student (UG) <input type="checkbox"/>	Student (PG) <input type="checkbox"/>	Contractor <input type="checkbox"/>	Visitor <input type="checkbox"/>	Visitor (Under 16) <input type="checkbox"/>	Other <input type="checkbox"/>
If Employee, position/Department name:							
If Contractor, employer's name:							
If Visitor, University contact name:							
Address:					Telephone:		
					Email:		
Postcode:					Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Description of accident Please include: <ul style="list-style-type: none">What was being done at the time of the accident?What happened?List details as fully as possibleInclude anything that may have contributed to the incident e.g. icy conditions							
Nature and extent of injuries Indicate the type of injury/part of body affected and details of any First Aid administered. For near misses or where no injury has occurred, please state 'NA'							

First Aid Details			
First Aid provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>
If Yes, please give details:			
Name of person giving First Aid:		Time of attendance:	
Immediate action required to make the situation / surrounding area safe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>
If Yes, please give details: e.g. defects reported to Estates, maintenance required etc.			
Any other information: Please use this space to record any further information you think relevant to the above accident/incident. i.e. Any witnesses, post incident actions etc.			
Signature of person reporting incident: All forms must be countersigned by a member of University Staff		Date:	
Signature of person affected:		Date:	

Please send all completed forms to:

Eddie Fahy
Health & Safety Advisor
People Services
Liverpool Hope University
Hope Park
Liverpool
L16 9JD
T: 0151 291 3835
E: fahye@hope.ac.uk