

Accident Report Form

For all Accidents, Incidents & Near Misses



**LIVERPOOL
HOPE
UNIVERSITY**
Est. 1844

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 staff/students/contractors/visitors on University managed premises or during the course of University organised activities.

This form is to be completed **in full** by the affected/ injured person/ any person administering first aid/ witnesses to the incident and countersigned by a relevant member of University staff. Please forward a copy of the form to the Legal Services and Health & Safety Assistant within 24 hours of accident/incident/near miss occurring. Please inform the persons involved in the accident that you will be sending a copy of the form to the Legal Services and Health & Safety Assistant.

Serious incidents must be reported immediately.

If you have any queries when completing this document, please contact Rachel Sexton, Legal Services and Health & Safety Assistant.

Confidentiality - once completed this form should be held securely by the department. All personal data gathered must be processed in accordance with the Data Protection Act 1998. Personal data will only be disclosed outside of the University where it is required to do so by law.

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 possible Include 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:

Rachel Sexton
Legal Services and Health & Safety Assistant
HCA Building
Hope Park Campus
Taggart Avenue
Liverpool
L16 9JD
T: 0151 291 3835
E: sextonr@hope.ac.uk