ACCIDENT / INCIDENT REPORT FORM

Note:

This form should be completed whenever an accident or incident occurs which results in injury or damage to personnel or property.

If personnel or property WERE NOT injured or damaged during the Accident/Incident, do not use this form. Use the NEAR MISS REPORT FORM.

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<th>Accident / Incident Report Form</th>
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### Details of injury/damage:
Indicate type of injury (put an ‘x’ in one box only)

- [ ] Bruising, contusion
- [ ] Concussion
- [ ] Internal injuries
- [ ] Open wound
- [ ] Abrasion, graze
- [ ] Amputation
- [ ] Open fracture (i.e. bone exposed)
- [ ] Closed fracture
- [ ] Dislocation
- [ ] Sprain, torn ligaments
- [ ] Other, Specify____________________

- [ ] Suffocation, asphyxiation
- [ ] Gassing
- [ ] Drowning
- [ ] Poisoning
- [ ] Infection
- [ ] Burns, scalds and frostbite
- [ ] Effects of radiation
- [ ] Electrical injury
- [ ] Property damage,
- [ ] Specify____________________

### Indicate part of body most seriously injured (put an ‘x’ in one box only):

- [ ] Head, except eyes
- [ ] Eyes
- [ ] Neck
- [ ] Back, spine
- [ ] Chest
- [ ] Abdomen
- [ ] Shoulder, upper arm, elbow
- [ ] Lower arm, wrist, hand
- [ ] Other, Specify____________________

### Consequences of the Accident/Incident:

- [ ] Fatal
- [ ] Non Fatal

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<tr>
<th>Anticipated absence if not back</th>
<th>Date of resumption of work</th>
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<tr>
<td>4-7 days</td>
<td>8-14 days</td>
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<td>More than 14 days</td>
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### Treatment:

### Doctor’s report and recommendation:

### Steps taken to prevent reoccurrence of this type of Accident/Incident:

### Signature of person completing report:

### Date:

### Print Name & Job Title:

### Signature of Head of Department/School/Function:

### Date:

### Print name:

(Copies of the completed Institute Accident Report are to be sent separately to the Institute Health & Safety Co-ordinator, the Vice President for Finance & Corporate Affairs and the Estates Office)