

ACCIDENT / INCIDENT REPORT FORM

Note:

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

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

	Accident / Incident Report Form							
i	Name of person involved in							
	Accident/Incident:							
ii	Address:							
	Phone:							
iii	Who was involved in the Accident/Incident:							
	Student Employee Public Contractor Visitor							
iv	Occupation:							
v	If an employee of the Institute please state Department:							
vi	If no, please elaborate:							
vii	Particulars of Accident/Incident & circumstances under which the Accident/Incident occurred:							
VII	Use additional pages and/or photos if necessary.							
	ose duditional pages ana/or priotos ij necessary.							
viii	Place:							
ix	Time: Date:							
х	Witness Phone No & Address:							
	Witness Phone No & Address:							
xi	When and to whom was the Accident/Incident initially reported?							



Details of injury/damage: Indicate type of injury (put an 'x' in one box only)						
Indicate type of ir	ijury (put an 'x' in o	ne box only)				
	Bruising, contusio	n		Suffocation.	asphyxiation	
	-					
				-		
	-			-		
	-			Infection		
	Amputation		Burns, scalds	s and frostbite		
	Open fracture (i.e)	Effects of radiation			
	Closed fracture		Electrical inj	ury		
	Dislocation		Property dar	nage,		
	Sprain, torn ligam		Specify			
				Other, Speci	fy	
Indicate part of b			ı 'x' in on			
		5				
				•	ower leg, ankle	
			_			
_						
_				•	•	
_			_			
				Other, Speci	IY	
consequences of	the Accident/Inclus	ent.			Anticipated absence	if not
Fat	al	Date of	resumpti	on of work	-	
	-	if back			4-7 days	
No	n Fatal	II DUCK			,	
No	n Fatal	Year	Month	Day	8-14 days	
No	n Fatal		Month	Day	8-14 days More than 14 days	
No	n Fatal		Month 	Day	8-14 days More than 14 days	_
No Treatment:	n Fatal		Month	Day 	-	_
Treatment:		Year 	Month 	Day 	-	_
Treatment:	n Fatal	Year 	Month	Day 	-	_
Treatment:		Year 	Month	Day 	-	_
Treatment: Doctor's report a		Year n:			-	_
Treatment: Doctor's report a	nd recommendatio	Year n:			-	_
Treatment: Doctor's report a	nd recommendatio	Year n:			-	_
Treatment: Doctor's report a	nd recommendatio	Year n:			-	_
Treatment: Doctor's report a Steps taken to pr	nd recommendatio event reoccurrence	Year n: e of this type of		/Incident:	-	_
Treatment: Doctor's report a Steps taken to pr	nd recommendatio	Year n: e of this type of			-	_
Treatment: Doctor's report a Steps taken to pr	nd recommendatio event reoccurrence on completing repo	Year n: e of this type of		/Incident:	-	_
Treatment: Doctor's report a Steps taken to pro Signature of pers Print Name & Job	nd recommendatio event reoccurrence on completing repo	Year n: of this type of prt:	Accident	/Incident:	-	_
	Indicate part of b	 Bruising, contusio Concussion Internal injuries Open wound Abrasion, graze Amputation Open fracture (i.e. Closed fracture Dislocation Sprain, torn ligam Indicate part of boty most seriously Head, except eyes Eyes Neck Back, spine Chest Abdomen Shoulder, upper a Lower arm, wrist, 	□Bruising, contusion□Concussion□Internal injuries□Open wound□Abrasion, graze□Amputation□Open fracture (i.e. bone exposed□Closed fracture□Dislocation□Sprain, torn ligamentsIndicate part of boty most seriously injured (put ar□Head, except eyes□Eyes□Neck□Back, spine□Chest□Abdomen□Shoulder, upper arm, elbow□Lower arm, wrist, handFatal□Date of	□ Bruising, contusion □ □ Concussion □ □ Internal injuries □ □ Open wound □ □ Abrasion, graze □ □ Abrasion, graze □ □ Abrasion, graze □ □ Abrasion, graze □ □ Open fracture (i.e. bone exposed) □ □ Closed fracture □ □ Dislocation □ □ Dislocation □ □ Sprain, torn ligaments □ Indicate part of body except eyes □ □ □ Head, except eyes □ □ Neck □ □ Back, spine □ □ Abdomen □ □ Shoulder, upper arm, elbow □ □ Shoulder, upper arm, elbow □ □ Lower arm, wrist, hand □	□Bruising, contusion□Suffocation,□Concussion□Gassing□Internal injuries□Drowning□Open wound□Poisoning□Abrasion, graze□Infection□Abrasion, graze□Infection□Amputation□Burns, scalds□Open fracture (i.e. bone exposed)□Effects of rac□Closed fracture□Effects of rac□Dislocation□Property dar□Sprain, torn ligaments✓Specify□Head, except eyes□Fingers, one□Head, except eyes□Fingers, one or□Back, spine□Foot□Abdomen□Extensive pa□Abdomen□Extensive pa□Shoulder, upper arm, elbow□Multiple inju□Lower arm, wrist, hand□Other, SpecifConsequences of tracture□Date of restFoot	□ Bruising, contusion □ Gassing □ Concussion □ Gassing □ Internal injuries □ Drowning □ Open wound □ Poisoning □ Abrasion, graze □ Infection □ Abrasion, graze □ Burns, scalds and frostbite □ Open fracture (i.e. bone exposed) □ Effects of radiation □ Open fracture (i.e. bone exposed) □ Electrical injury □ Dislocation □ Property damage, □ Dislocation □ Property damage, □ Sprain, torn ligaments Specify

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