# Report of an Accident, ILLNESS or Near Miss IR1

This form should be completed only if you are unable to access the Incident Notification Portal. The form should be completed and sent to Safety Services as soon as possible after the incident and preferably within 1 day and sent to ***safety@worc.ac.uk***. For further guidance, please refer to the SCoP 6 Reporting Incidents, Diseases and Near Misses. Please provide as much detail as possible.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Details** | Surname Click or tap here to enter text. | | | First Name Click or tap here to enter text. | | Title Click or tap here to enter text. | |
| Job title if staff Click or tap here to enter text. | | | | | | |
| Contact phone number Click or tap here to enter text. | | Email Click or tap here to enter text. | | Date Click or tap to enter a date. | | |
| **Injured Person or key witness** | STAFF  STUDENT  VISITOR  CONTRACTOR | | | | | | |
| Surname Click or tap here to enter text. | | | First Name Click or tap here to enter text. | | | Title Click or tap here to enter text. |
| Address Click or tap here to enter text. | | | Contact phone number Click or tap here to enter text. | | | |
| Gender Male  Female | | | Email Click or tap here to enter text. | | | |
| Position & Institute if staff Click or tap here to enter text. | | | | | | |
| **Description of Accident, Illness and Near Miss** | **What are you reporting?** (see guidance SCoP 6 Reporting Incidents, Diseases and Near Misses)  ACCIDENT  ILLNESS  NEAR MISS | | | | | | |
| Date Click or tap to enter a date. | Location of incident (campus, building, room) Click or tap here to enter text. | | | | | |
| Time Click or tap here to enter text. |
| What was the activity being performed? Click or tap here to enter text. | | | | | | |
| What happened? Please provide as much detail as possible. Where relevant i.e. more serious incidents please include a sketch, plan, photos etc. Click or tap here to enter text. | | | | | | |
| What action (if any) has been taken to make safe/prevent a recurrence? Click or tap here to enter text. | | | | | | |
| **Medical Treatment Required** | No First Aid  First Aid Given | | | | | | |
| Name of first aider Click or tap here to enter text. | | | | | | |
| Taken to Hospital | Details of treatment given if known Click or tap here to enter text. | | | | | |

## **For completion by Safety Services**

**Date Report Received**

**RIDDOR** YES NO **Investigation Carried Out?** YES NO **HSE Notified?** YES NO

**Comments**

**Signed off by Date**