

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.

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

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