**Near miss and Incident reporting form**

*PLEASE PRINT CLEARLY IN BLOCK CAPITALS*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TO BE COMPLETED IN ALL CASES OF NEAR MISS / INCIDENT / ACCIDENT** | | | | |
| 1. **TO BE COMPLETED BY ACTIVITY/ VENUE MANAGER OR LEAD/ AFFECTED INDIVIDUAL/: near miss/ incident/ accident details** | | | | |
| **Date of incident:** |  | | | |
| **Time of incident:** |  | | | |
| **Location of incident:** |  | | | |
| **Describe how the incident occurred:** |  | | | |
| **Name and position of affected person:** |  | | | |
| **Signature:** |  | | | |
| **Did an injury occur? (If yes, please go to Section 3)** | | | | YES / NO |
| 1. **TO BE COMPLETED BY ACTIVITY/ VENUE MANAGER OR LEAD: immediate action taken to prevent a recurrent of the near miss/ incident/ accident i.e. removal of hazard** | | | | |
| **Did the incident occur as described above? If no, provide commentary:** | YES / NO | | | |
| Commentary: | | | |
| **Describe the immediate action taken to prevent recurrence of incident:** |  | | | |
| **Name and position of lead:** |  | | | |
| **Signature:** |  | | | |
| **TO BE COMPLETED IN CASE OF INCIDENT OR ACCIDENT BY ACTIVITY/ VENUE MANAGER OR LEAD/ AFFECTED INDIVIDUAL** | | | | |
| 1. **Injured persons details** | | | | |
| **Name:** |  | | | |
| **Occupation (SU Job Title if appropriate):** |  | | | |
| **Gender:** |  | | | |
| **Age:** |  | | | |
|  |  | | | |
| **Phone:** |  | | | |
| **Email:** |  | | | |
| **Address:** |  | | | |
| **If an SU employee did the injured person resume their normal duties?** | | YES / NO | | |
| If No, please specify length of absence or period unable to perform normal duties: | | |
| **Draw a sketch of the accident scene including measurements in space provided:** | |  | | |
| 1. **Nature of injury and treatment** | | | | |
| **Cause of injury:** | |  | | |
| **Area of body affected:** | |  | | |
| **Was the injured person offered first aid? If Yes, provide name of First Aider** | | YES / NO | | |
| **Did the injured person go to hospital as a result of the incident?** | | YES / NO | | |
| **Was the incident/ accident witnessed? If Yes, provide name and contact details of witness** | | YES / NO | | |
| **Whom did the injured person notify of the incident?** | |  | | |
| **Time and date notified:** | |  | | |
| **Signature of injured person to confirm details in sections 3 and 4 above:** | |  | | |
| **Date:** |  | |
| **Name and position of person completing this report:** | |  | | |
| **Date**: |  | |