**Near miss and Incident reporting form**

*PLEASE PRINT CLEARLY IN BLOCK CAPITALS*

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| **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**: |  |